

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

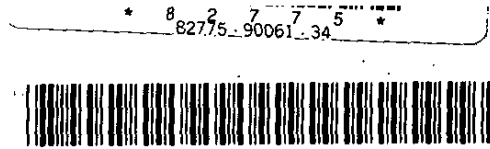
FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90061 034 ****70.00

DOCUMENT # N04292

Corporation Name
DAVID EVANGELISTIC ASSOCIATION, INCORPORATED

Place of Business Mailing Address
1221 IBSEN AVE
ORLANDO FL 32809
US



Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26 DANNY David Evangelistic Assn.	07/20/1984
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27 P.O. Box 592215	49-2455538
State	City & State	Applied For
	28 Orlando Florida	Not Applicable
Country	Zip	5. Certificate of Status Desired
25	29 32859-2215 30 US	X \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANNY IBSEN AVE ORLANDO FL 32809		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

I certify to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS		
DP DAVID, DANNY 1221 IBSEN AVENUE ORLANDO FL	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DST DAVID, MILDRED 1221 IBSEN AVENUE ORLANDO FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DVP PYLE, FRANK J. JR 1525 E ROBINSON STR ORLANDO FL	<input type="checkbox"/> DELETE	1.2 NAME
D WITKO, LIBBY 2307 E.H. POUNDS DR. OCOOEE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
D HAMMOND, MARTY 1920 WOODCREST DR. ORLANDO FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED 2/2/99 (407)855-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)