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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

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Corporation Name

DAVID EVANGELISTIC ASSOCIATION, INCORPORATED

Place of Business

1221 IBSEN AVE
ORLANDO FL 32809

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. INC.	07/20/1984
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27 P.O. Box 592215	49-2455538
City & State	City & State	Applied For
	28 Orlando Florida	Not Applicable
Country	Zip	5. Certificate of Status Desired
25	29 32859-2215	30 US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
DANNY IBSEN AVE ORLANDO FL 32809		

I, the undersigned, being the registered agent of the above-named corporation, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that 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] DATE: 2/2/99 DAYTIME PHONE: (407) 855-2038