

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18345 (1)
 1. Corporation Name
 CHRISTIAN OUTREACH MINISTRIES, INC.



Principal Place of Business: C/O DR. TOM PARK, 949 NORTH HIGHLAND AVENUE, DUNEDIN FL 34698
 Mailing Address: C/O DR. TOM PARK, 949 NORTH HIGHLAND AVENUE, DUNEDIN FL 34698

3. Date Incorporated or Qualified: 12/18/1986
 4. FEI Number: 35-1144892
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: PARK, TOM DR., 949 NORTH HIGHLAND AVENUE, DUNEDIN FL 33528

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant 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 office or 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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | PARK, TOM | 1.2 NAME | |
| STREET ADDRESS | 949 N. HIGHLAND AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNEDIN FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | |
| NAME | PARK, JO B | 2.2 NAME | |
| STREET ADDRESS | 949 N HIGHLAND LKAVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNEDIN FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | |
| NAME | PARK, PAUL | 3.2 NAME | |
| STREET ADDRESS | 1881 GREENLEA BR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information indicated 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.

SIGNATURE: DR. TOM PARK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 8-28-98 813 736 6172
 Date Daytime Phone #

CR2E037 (5/98)