

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 013 \*\*\*\*61.25

**DOCUMENT # N31687**

1. Entity Name

**SKILLS APPLIED FOR EVANGELISM, INC.**



Principal Place of Business

Mailing Address

1216 GOLFVIEW DR.  
%VIRGINIA L. DUGAN (PO BX 4107, SD 32  
DAYTONA BEACH FL 32114

PO BOX 214107  
%VIRGINIA L. DUGAN (PO BX 4107, SD 32  
SOUTH DAYTONA FL 32121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2951557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGAN, VIRGINIA L.  
1216 GOLFVIEW DR.  
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PRINSTON, JEROME  
CITY-ST-ZIP 1216 GOLFVIEW DR  
DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Gray, Betty B.  
CITY-ST-ZIP 1914 Beverly Blvd  
Seymour, IN 47274

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS JONES, CHARLES R.  
CITY-ST-ZIP 466 CHARLOTTA AVE SE  
PALM BAY FL 32909

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS JONES, PATRICIA  
CITY-ST-ZIP 466 CHALOTTA AVE SE  
PALM BAY FL 32909

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ORLOSKY, DONALD  
CITY-ST-ZIP 813 PARK TRAIL DR  
CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ED  
STREET ADDRESS DUGAN, DONALD V  
CITY-ST-ZIP 1216 GOLFVIEW DR  
DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DeWitt, Barry D.  
CITY-ST-ZIP 1712 Florence Ave  
New Albany, IN 47150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.