

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2951557

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

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

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

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

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

TITLE NAME D DEWITT, BARRY D ☐ Delete
STREET ADDRESS 1712 FLORENCE AVE
CITY-STATE-ZIP NEW ALBANY IN 47150

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000595376
CITY-STATE-ZIP 01/23/07-80037-009 61.25

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

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STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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.

SIGNATURE:

Donald V Dugan DONALD V DUGAN 1/20/07 386 255-6960