# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2005**
**Secretary of State**

DOCUMENT# N48667

**Entity Name:** EVANGELISM FOR CHILDREN, INTERNATIONAL, INC.

**Current Principal Place of Business:**

330 LAKE MIRROR DRIVE
LAKE PLACID, FL 33822

**New Principal Place of Business:**

**Current Mailing Address:**

330 LAKE MIRROR DRIVE
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COX, C. MARK
140 S COMMERCE AVE
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | PRILLWITZ, HENRY | |
| Address: | 330 LK MIRROR DR | |
| City-St-Zip: | LAKE PLACID, FL | |
| Title: | D | ( ) Delete |
| Name: | DAVIS, JOHN | |
| Address: | 140 S COMMERCE AVE | |
| City-St-Zip: | SEBRING, FL | |
| Title: | D | ( ) Delete |
| Name: | SCHANELY, DALE | |
| Address: | 8433 ANDES COURT | |
| City-St-Zip: | SEBRING, FL | |
| Title: | D | ( ) Delete |
| Name: | COX, MARK | |
| Address: | 140 S COMMERCE | |
| City-St-Zip: | SEBRING, FL 3370 | |
| Title: | D | ( ) Delete |
| Name: | LEACH, JAMES R | |
| Address: | 500 KENT AVE | |
| City-St-Zip: | LAKE PLACID, FL | |
| Title: | D | ( ) Delete |
| Name: | WAGNER, SANDRA | |
| Address: | DUTCH SETTLEMENT TD | |
| City-St-Zip: | DOWAIAC, MI | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY PRILLWITZ PD 02/02/2005

Electronic Signature of Signing Officer or Director — Date