

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48667

FILED
Feb 25, 2008
Secretary of State

Entity Name: EVANGELISM FOR CHILDREN, INTERNATIONAL, INC.

Current Principal Place of Business:

3511 PAR ROAD
SEBRING, FL 33872

New Principal Place of Business:

340 BELLE TOWER AVENUE
LAKE PLACID, FL 33852

Current Mailing Address:

3511 PAR ROAD
SEBRING, FL 33872

New Mailing Address:

340 BELLE TOWER AVENUE
LAKE PLACID, FL 33852

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

Name and Address of Current Registered Agent:

DEDRICKS, THOMAS C
3511 PAR ROAD
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

LEACH, JAMES E
340 BELLE TOWER AVENUE
LAKE PLACID, FL 33852 US

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: JAMES E LEACH

02/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEACH, JAMES
Address: 500 KENT AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: ST () Delete
Name: DEDRICKS, THOMAS
Address: 3511 PAR ROAD
City-St-Zip: SEBRING, FL 33872

Title: V () Delete
Name: RUSSELL, GILLIE
Address: PO BOX 661
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: COX, MARK
Address: 140 S COMMERCE
City-St-Zip: SEBRING, FL 3370

Title: D () Delete
Name: VALLE, NITO R
Address: PO BOX 3272
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: RITCHIE, CONNIE
Address: 330 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEACH, JAMES E
Address: 340 BELLE TOWER AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: ST (X) Change () Addition
Name: CUMMINS, ROBERT
Address: 13 SOMMERSET LANE
City-St-Zip: LAKE PLACID, FL 33852

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

Title: D (X) Change () Addition
Name: SUMMERS, DAVID
Address: 100 FOXWOOD DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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

Title: D (X) Change () Addition
Name: RITCHIE, CONNIE
Address: P O BOX 3297
City-St-Zip: LAKE PLACID, FL 33862

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES E LEACH

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date