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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR -3 PM 6:06

DOCUMENT # N93000002420 (8)

1. Corporation Name
CHRISTIAN OPEN DOOR EVANGELISM, INC.

Principal Place of Business	Mailing Address
4590 S ATLANTIC AVE. UNIT 263 PONCE INLET FL 32127	BOX 290775 PORT ORANGE FL 32129-0775

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-3183318 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EVANS, ELMER L
4590 SOUTH ATLANTIC AVENUE
UNIT 263
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, ELMER L	1.2 NAME	
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, JOYCE H	2.2 NAME	
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HUBERT	3.2 NAME	
STREET ADDRESS	1976 MAGNOLIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	*Vice President* ☐ Change ☒ Addition
NAME		4.2 NAME	*Rev. Brian Shore*
STREET ADDRESS		4.3 STREET ADDRESS	*467 Apple Court*
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*Port Orange, FL 32127*
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added by an attachment with an address.

SIGNATURE: _____ *Elmer L. Evans* *3/29/95* *(904) 760-6182*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000744