

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000002420 (8)**
1. Corporation Name

CHRISTIAN OPEN DOOR EVANGELISM, INC.



Principal Place of Business Mailing Address
~~4500 S ATLANTIC AVE~~
~~UNIT 263~~
~~PONCE INLET FL 32127~~
BOX 290775
PORT ORANGE FL 32129-0775

2. Principal Place of Business
21 **1250 Beville Road**
Suite, Apt. #, etc. **Christian and**
22 **Missionary Alliance Church**
City & State
23 **Daytona Beach, Florida**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

24 Zip **32114** 25 Country **U.S.A.**

3. Date Incorporated or Qualified **05/24/1993** 3a. Date of Last Report **04/03/1995**
4. FEI Number **59-3183318** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	EVANS, ELMER L	
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	EVANS, JOYCE H	
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SMITH, HUBERT	
STREET ADDRESS	1976 MAGNOLIA AVENUE	
CITY - ST - ZIP	SOUTH DAYTONA FL 32119	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REV. SHORE, BRIAN	
STREET ADDRESS	467 APPLE COURT	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 on an attachment with an address.

SIGNATURE:

President **4-17-96** **(904) 760-6182**
ELMER L EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)