

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002420 (8)**

1. Corporation Name

CHRISTIAN OPEN DOOR EVANGELISM, INC.



Principal Place of Business 1280 BEVILLE ROAD CHRISTIAN & MISSIONARY ALLIANCE CHURCH DAYTONA BEACH FL 32114 US	Mailing Address BOX 280775 PORT ORANGE FL 32129-0775
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last Report 04/22/1996
4. FEI Number 59-3183318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EVANS, ELMER L 4590 SOUTH ATLANTIC AVENUE UNIT 263 PONCE INLET FL 32127	
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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTrD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ELMER L	1.2 NAME	Evans, Elmer L. (Pres. Trustee, Dir)
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	1.3 STREET ADDRESS	4590 S. Atlantic Ave., #263
CITY-ST-ZIP	PONCE INLET FL 32127	1.4 CITY-ST-ZIP	Ponce Inlet, Fl 32127
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STrD T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JOYCE H	2.2 NAME	Evans, Joyce H.
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	2.3 STREET ADDRESS	4590 S. Atlantic Ave., #263
CITY-ST-ZIP	PONCE INLET FL 32127	2.4 CITY-ST-ZIP	Pnce Inlet, Fl 32127
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	VTrD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HUBERT	3.2 NAME	Smith, Hubert
STREET ADDRESS	1976 MAGNOLIA AVENUE	3.3 STREET ADDRESS	1976 Magnolia Ave.,
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	3.4 CITY-ST-ZIP	South Daytona, Fl 32119
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. SHORE, BRIAN	4.2 NAME	Rev. Shore, Brian
STREET ADDRESS	487 APPLE COURT	4.3 STREET ADDRESS	467 Apple Court
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	Port Orange, Fl 32127
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President, Trustee D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Christian E. Evans
STREET ADDRESS		5.3 STREET ADDRESS	4590 South Atlantic Ave., #263
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ponce Inlet, Fl 32127
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Elmer L. Evans 4/17/97 (904) 760-6182

CR2E037 (9/96)