FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000002420 (8) **DOCUMENT #**

4590 SOUTH ATLANTIC AVENUE UNIT 263

PONCE INLET FL

SMITH, HUBERT

1976 MAGNOLIA AVENUE

SOUTH DAYTONA FL

REV. SHORE, BRIAN

467 APPLE COURT

PORT ORANGE FL

PONCE INLET FL

EVANS, CHRISTIAN E.

4590 SOUTH ATLANTIC AVE., #263

VTRD

VPTD

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CHRISTIAN OPEN DOOR EVANGELISM INC

FILED Feb 26 1998 8:00am Secretary of State

OINIO	TIAN OF EN DOOR EVANGE	LIOIVI, IIIV						
Principal Place of Business Mailing Address					- 1001/1101 9/0 1910E 1/11/1 98/1/1 69/1/1 68/1/1 48/1/1 48/	ira trati dedea eraki daki paki paar		
1250 BEVILLE ROAD CHRISTIAN & MISSIONARY ALLIANCE CHURCH DAYTONA BEACH FL 32114 US BOX 290775 PORT ORANGE FL 32129-0775 US						3. Date Incorporated or Qualified 05/24/1993 4. FEI Number	Applied For	
US						59-3183318	Not Applicable	
2. Principal Place of Business 2a. Mailing Address 21						5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	Ө	City & State	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip 24	Country 25		Country 30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
EVANS, ELMER L 4590 SOUTH ATLANTIC AVENUE UNIT 263 PONCE INLET FL 32127				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FL	85 Zip Code	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	and 617.1508, Florida Statute of Florida. Such change was a tions of, Section 617.0503, Flo	es, the ab authorized orida Stati	ove by utes	-named corpo the corporatio	pration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the purpose of the	changing its registered ointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.				3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE			1.1 717	LĒ		Change Addition		
			1.2 NA	ME				
STREET ADDRESS 4590 SOUTH ATLANTIC AVENUE UNIT 263			1.3 STI	1.3 STREET ADDRESS				
CITY OF EIGHT			1.4 01	Y-S1	r-ZIP			
TITLE	STRD DELETE 2.1			LE		Change Addition		
NALIF	FVANS JOYCE H		22 NA	22 NAME				

Vice President, Trust gee, Openoe XX Addition 6.1 TITLE TITLE 6.2 NAME William Vaught NAME 301 Fletcher Ave., 32114 6.3 STREET ADDRESS STREET ADDRESS cos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 14. Thereby certify that the Information supplied with this tiling Indicated on this annual report or supplemental annual report of director of the corporation or the receiver or trust Block 12 or Block 13 if changed or on an attachment with

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

DELETE

☐ DELETÉ

DELETE

DELETÉ

(904) 760-6182 Elmer L. Evans 2/19/98

☐ Addition

Addition

___ Addition

Change

Change

Change