

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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1. Corporation Name

CHRISTIAN OPEN DOOR EVANGELISM, INC.

Principal Place of Business

1250 BEVILLE ROAD
CHRISTIAN & MISSIONARY ALLIANCE CHURCH
DAYTONA BEACH FL 32114
US

Mailing Address

BOX 290775
PORT ORANGE FL 32129-0775



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/24/1993

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

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTRD
EVANS, ELMER L
4590 SOUTH ATLANTIC AVENUE UNIT 263
PONCE INLET FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
STRD
EVANS, JOYCE H
4590 SOUTH ATLANTIC AVENUE UNIT 263
PONCE INLET FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VTRD
SMITH, HUBERT
1976 MAGNOLIA AVENUE
SOUTH DAYTONA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
REV. SHORE, BRIAN
467 APPLE COURT
PORT ORANGE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
EVANS, CHRISTIAN E.
4590 SOUTH ATLANTIC AVE., #263
PONCE INLET FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
VAUGHT, WILLIAM
301 FLETCHER AVE
DAYTONA BEACH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evans 2/16/99 (904) 760-6182

Daytime Phone #

CR2E037 (11/98)