

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002420

1. Entity Name

CHRISTIAN OPEN DOOR EVANGELISM, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90031 016 ****61.25

Principal Place of Business
1250 BEVILLE ROAD
CHRISTIAN & MISSIONARY ALLIANCE CHURCH
DAYTONA BEACH FL 32114
US

Mailing Address
BOX 290775
PORT ORANGE FL 08088-2461

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 517
Bernville, PA 19506

City & State
Bernville, PA 19506

Zip
19506

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
EVANS, ELMER L.
Street Address (P.O. Box Number is Not Acceptable)
2174A S. Ridgewood Ave.,
City
S. Daytona
FL
Zip Code
32119

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Elmer L. Evans Director, Pres.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTRD	<input type="checkbox"/> Delete
NAME	EVANS, ELMER L	
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	STRD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JOYCE H	
STREET ADDRESS	4590 SOUTH ATLANTIC AVENUE UNIT 263	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	VTRD	<input type="checkbox"/> Delete
NAME	SMITH, HUBERT	
STREET ADDRESS	1976 MAGNOLIA AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REV. SHORE, BRIAN	
STREET ADDRESS	467 APPLE COURT	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	EVANS, CHRISTIAN E.	
STREET ADDRESS	4590 SOUTH ATLANTIC AVE., #263	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	VAUGHT, WILLIAM	
STREET ADDRESS	301 FLETCHER AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ELMER L.	
STREET ADDRESS	321 Focht Rd	
CITY-ST-ZIP	Bernville, PA 19506	
TITLE	BICKINGS, DOUGLAS (STRD)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	321 Focht Rd.,	
STREET ADDRESS	Bernville, PA 19506	
CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. RENTSCHLER, CARL	
STREET ADDRESS	321 Focht Rd.,	
CITY-ST-ZIP	Bernville, PA 19506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elmer L. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-00 (610) 488-9719
Date Daytime Phone #