

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002420

1. Entity Name

CHRISTIAN OPEN DOOR EVANGELISM, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90237 041 ****61.25

Principal Place of Business

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

Mailing Address

~~PO BOX 517~~
BERNVILLE PA 19506

Elmer Evans

2. Principal Place of Business

3. Mailing Address
Post Office Box # 290
Shartlesville, PA 19554

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3183318

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, ELMER L
2174 A S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | PTRD EVANS, ELMER L 321 FOCHT RD BERNVILLE PA 19506 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STRD BICKINGS, DOUGLAS 321 FOCHT RD BERNVILLE PA 19506 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTRD SMITH, HUBERT 1976 MAGNOLIA AVENUE SOUTH DAYTONA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD REV. SHORE, BRIAN 467 APPLE COURT PORT ORANGE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD EVANS, CHRISTIAN E. 4590 SOUTH ATLANTIC AVE., #263 PONCE INLET FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT VAUGHT, WILLIAM 301 FLETCHER AVE DAYTONA BEACH FL 32114 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

VD
REV. SHORE, BRIAN
4563 CONCORDIA LANE
BOYNTON BEACH, FL 33436

SVPTRD
EVANS, CHRISTIAN E.
72 COBBLER SQUARE
SPARTA, NJ 07871

VPTD
VAUGHT, WILLIAM
1254 PEACHTREE RD,
DAYTONA BEACH, FL 32114

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: **REV. [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

(610) 488-8289

Date Daytime Phone #

CR2E037 (10/00)