


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000005499 (8)**

1. Corporation Name

BOLD EVANGELISM, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 8474
JACKSONVILLE FL 32111

POST OFFICE BOX 8474
JACKSONVILLE FL 32239-0474

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3284949

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRATT, JAMES J ESQ.
233 EAST BAY STREET
STE. 1020
JACKSONVILLE FL 32202**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOY, CHARLES	
STREET ADDRESS	POST OFFICE BOX 8474 1984 PARKCREST DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARTON, ROBERT	
STREET ADDRESS	7610 SADDLE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES K	
STREET ADDRESS	3718 HERMITAGE ROAD EAST	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRATT, JAMES J	
STREET ADDRESS	17 SAILFISH DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHOU, MARK J	
STREET ADDRESS	676 HAWKS TRACE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 (904) 721-1598
Date Daytime Phone #0006335

CR2E037 (9/96)