

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005499 (8)**

1. Corporation Name

BOLD EVANGELISM, INC.



Principal Place of Business POST OFFICE BOX 8474 JACKSONVILLE FL 32111	Mailing Address POST OFFICE BOX 8474 JACKSONVILLE FL 32111
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3. Date Incorporated or Qualified 11/04/1994	
4. FEI Number 59-3284949	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRATT, JAMES J ESQ. 233 EAST BAY STREET STE. 1020 JACKSONVILLE FL 32202	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PO	JOY, CHARLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1884 PARKCREST DR.		1.3 STREET ADDRESS	
JACKSONVILLE FL		1.4 CITY-ST-ZIP	
VD	BARTON, ROBERT	2.1 TITLE	2.2 NAME
7810 SADDLE ROAD		2.3 STREET ADDRESS	
JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	
VD	SMITH, JAMES K	3.1 TITLE	3.2 NAME
3718 HERMITAGE ROAD EAST		3.3 STREET ADDRESS	
JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP	
SO	PRATT, JAMES J	4.1 TITLE	4.2 NAME
17 SAILFISH DRIVE		4.3 STREET ADDRESS	
PONTE VEDRA BEACH FL 32082		4.4 CITY-ST-ZIP	
TD	SCHOU, MARK J	5.1 TITLE	5.2 NAME
676 HAWKS TRACE DRIVE		5.3 STREET ADDRESS	
JACKSONVILLE FL 32225		5.4 CITY-ST-ZIP	
		6.1 TITLE	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.

SIGNATURE:  **Charles Joy** 3/5/98 904-721-1598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904-721-1598

CR2E037 (10/97)