



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90187 033 ****70.00

DOCUMENT # N95000004518 1. Entity Name EVANGELISTIC MINISTRIES INTERNATIONAL, INC.							
Principal Place of Business 1007 GOSPEL RD FORT WALTON BEACH, FL 32547 US			Mailing Address P.O. BOX 2976 FORT WALTON BEACH, FL 32549-2976 US				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04072007 Chg-NP CR2E037 (12/06)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3339173		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ALLEN, LARRY 607 BURGUNDY LN FORT WALTON BEACH, FL 32547			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State						10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P/D TOMASULO, MICHAEL A 9 CANDLEWOOD LANE MOUNT POCONO, PA 18344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V/D TOMASULO, LISA M 9 CANDLEWOOD LANE MOUNT POCONO, PA 18344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S/D KUSS, KIT 1195 N BAYSHORE DR VALPARAISO, FL 32580 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GRABO, JAMES 1186 WITSHIRE COURT FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LOYD, HILL 708 HAWK DR VACAVILLE, CA 95687 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D KENYON, WILLIAM 1830 HUNTINGTON RD NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S/D KUSS, CHARLOTTE 1195 N. BAYSHORE DRIVE VALPARAISO, FL 32580 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T/D ALLEN, LARRY 607 BURGUNDY LANE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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