

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 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 # **N96000005618 (1)**

1. Corporation Name

EVANGEL CHRISTIAN CENTER, INC.

Principal Place of Business

2102 SOUTH RIDGEWOOD AVE.
SUITE 8
EDGEWATER FL 32141

Mailing Address

P O BOX 6077
TITUSVILLE FL 32782-6077
US



3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

59-3408538

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **2708 GARDEN ST**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **TITUSVILLE**

27

City & State

City & State

23 **FL**

28

Zip

Country

Zip

Country

24 **32796**

25

USA

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAZE, PAUL MICHAEL
1507 VISTA TERRACE
TITUSVILLE FL 32780**

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

Paul Michael Maze
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	D	<input type="checkbox"/> DELETE
NAME	MAZE, PAUL M	
STREET ADDRESS	1507 VISTA TERRACE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAZE, BRENDA J	
STREET ADDRESS	1507 VISTA TERRACE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLINGHURST, RICHARD D	
STREET ADDRESS	915 CAROLINA CIR	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLINGHURST, REGINA A	
STREET ADDRESS	915 CAROLINA CIR	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, THOMAS E	
STREET ADDRESS	2295 GEORGIA AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32796	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SYNDER, LYDIA MARIE	
STREET ADDRESS	2295 GEORGIA AVE.	
CITY-ST-ZIP	TITUSVILLE FL	

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

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	
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6.3 STREET ADDRESS	
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6.4 CITY-ST-ZIP	
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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:

Lydia Marie Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/98 **407-383-8005**
Date Date-time Phone #

CR2E037 (10/97)