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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005618

1. Corporation Name

EVANGEL CHRISTIAN CENTER, INC.

Principal Place of Business

2708 GARDEN ST  
TITUSVILLE FL 32796  
US

Mailing Address

P O BOX 6077  
TITUSVILLE FL 32762-6077  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

59-3408538

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MAZE, PAUL MICHAEL  
1507 VISTA TERRACE  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

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

TITLE D  
NAME MAZE, PAUL M  
STREET ADDRESS 1507 VISTA TERRACE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME MAZE, BRENDA J  
STREET ADDRESS 1507 VISTA TERRACE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME WILLINGHURST, RICHARD D  
STREET ADDRESS 915 CAROLINA CIR  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME WILLINGHURST, REGINA A  
STREET ADDRESS 915 CAROLINA CIR  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME SNYDER, THOMAS E  
STREET ADDRESS 2295 GEORGIA AVE.  
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D  
NAME SYNDER, LYDIA MARIE  
STREET ADDRESS 2295 GEORGIA AVE.  
CITY-ST-ZIP TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME PAUL M MAZE  
1.3 STREET ADDRESS 1507 VISTA TERRACE  
1.4 CITY-ST-ZIP Titusville, FL 32780

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Director  
3.2 NAME John S. McLeod  
3.3 STREET ADDRESS 3068 N. US Hwy 1  
3.4 CITY-ST-ZIP Mims FL 32754

4.1 TITLE DIRECTOR  
4.2 NAME MARY McLEOD  
4.3 STREET ADDRESS 3068 N. U.S Hwy 1  
4.4 CITY-ST-ZIP MIMS, FL 32754

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

PAUL MICHAEL MAZE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

407-383-8005

Daytime Phone #

CR2E037 (11/98)