2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# N96000005618

Entity Name: EVANGEL CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2708 GARDEN ST
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6077
TITUSVILLE, FL 327826077 US

New Mailing Address:

FEI Number: 59-3408538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAZE, PAUL M
Address: 1507 VISTA TERRACE
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete
Name: MAZE, BRENDA J
Address: 1507 VISTA TERRACE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: CLOVER, LILLIAN
Address: 4760 KEY MADEIRA DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: MARSHALL, ERIC
Address: 7505 HOOD AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: MARSHALL, WONDERLY
Address: 4505 HOOD AVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: MAZE, BRENDA J
Address: 1507 VISTA TERRACE
City-St-Zip: TITUSVILLE, FL 32780

Title: VP (X) Change ( ) Addition
Name: CLOVER, LILLIAN
Address: 4760 KEY MADEIRA DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Change ( ) Addition
Name: CLOVER, ROBERT
Address: 4760 KEY MADEIRA DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Change ( ) Addition
Name: SHEARER, JOHN W
Address: 4735 E KEY DR.
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. PAUL M. MAZE PRES 03/21/2006

Electronic Signature of Signing Officer or Director — Date