

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003383

FILED
Sep 13, 2002
Secretary of State

Entity Name: THE EVANGEL FUND, INC.

Current Principal Place of Business:

1463 TROON CIR
PALM CITY, FL 34990

New Principal Place of Business:

516 CAMDEN AVENUE
STUART, FL 34994 US

Current Mailing Address:

1463 TROON CIR
PALM CITY, FL 34990

New Mailing Address:

516 CAMDEN AVENUE
STUART, FL 34994 US

FEI Number: 65-0757765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENRIGHT, RICHARD E
1463 TROON CIR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

GALANTE, EDWARD B
516 CAMDEN AVENUE
STUART, FL 34994 US

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: EDWARD B. GALANTE, ESQ.

09/13/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ENRIGHT, RICHARD E
Address: 1463 SW TROON CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: SULLER, DEBRA J CPA
Address: 1319 WILSON POINT ROAD
City-St-Zip: CAPE VINCENT, NY 136180550

Title: DP () Delete
Name: KOPP, W. BREWSTER
Address: 210 RIVER RUN
City-St-Zip: GREENWICH, CT 06830

Title: D (X) Delete
Name: NEWINGTON, BARBARA
Address: FIELD POINT RD
City-St-Zip: GREENWICH, CT 06830

Title: D (X) Delete
Name: BRETSCHER, PRENTISS
Address: 119 COLEMAN BLVD
City-St-Zip: MT PLEASANT, SC 29464

Title: D (X) Delete
Name: O'BRYON, JAMES F
Address: 1608 S TOLLGATE RD
City-St-Zip: BEL AIR, MD 21015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: GRAVES, FREDERICK
Address: 816 DOLPHIN DRIVE
City-St-Zip: STUART, FL 34996

Title: D,T (X) Change () Addition
Name: GRAVES, MICHAEL J CPA
Address: 5310 MYRTLE DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: D,S (X) Change () Addition
Name: GRIFFITH, KATHRYN J
Address: 511 TANNER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34984

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FREDERICK GRAVES

P

09/13/2002

Electronic Signature of Signing Officer or Director

Date