

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 010 ****61.25

DOCUMENT # N98000004819					
1. Entity Name CHARLES L. ROESEL MINISTRY EVANGELISM, INC.					
Principal Place of Business 1418 BEVERLY POINT RD. LEESBURG, FL 34748			Mailing Address 1418 BEVERLY POINT RD. LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box # 115 N. 13th St.		3. Mailing Address 115 N. 13th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007 Chg-NP CR2E037 (12/06)	
City & State Leesburg, FL		City & State Leesburg, FL		4. FEI Number 59-3604683	
Zip 34748		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROESEL, CHARLES L 1418 BEVERLY POINT RD. LEESBURG, FL 34748				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: DATE:					
Filing Fee is \$61.25 Due by September 14, 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	
TITLE DP	NAME ROESEL, CHARLES L	<input type="checkbox"/> Delete	TITLE DST	NAME Judith Blanchard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1418 BEVERLY POINT RD.	LEESBURG, FL 34748		STREET ADDRESS 2010 OTTERS FORD	FRUITLAND PARK, FL 34731	
CITY-ST-ZIP LEESBURG, FL 34748			CITY-ST-ZIP FRUITLAND PARK, FL 34731		
TITLE DVP	NAME ROESEL, EDNA SUE	<input type="checkbox"/> Delete	TITLE DST	NAME MOELLER, MARY R.	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1418 BEVERLY POINT RD.	LEESBURG, FL 34748		STREET ADDRESS 1418 BEVERLY POINT RD.	LEESBURG, FL 34748	
CITY-ST-ZIP LEESBURG, FL 34748			CITY-ST-ZIP LEESBURG, FL 34748		
TITLE DST	NAME CUMMINS, NORMAN C	<input type="checkbox"/> Delete	TITLE DST	NAME THOMAS, JENNIFER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1418 BEVERLY POINT RD.	LEESBURG, FL 34748		STREET ADDRESS 27201 WOOD HOLLOW RD	MOUNT DORA, FL 32757	
CITY-ST-ZIP LEESBURG, FL 34748			CITY-ST-ZIP MOUNT DORA, FL 32757		
TITLE DST	NAME THOMAS, JENNIFER	<input type="checkbox"/> Delete	TITLE DST	NAME THOMAS, JENNIFER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 27201 WOOD HOLLOW RD	MOUNT DORA, FL 32757		STREET ADDRESS 27201 WOOD HOLLOW RD	MOUNT DORA, FL 32757	
CITY-ST-ZIP MOUNT DORA, FL 32757			CITY-ST-ZIP MOUNT DORA, FL 32757		
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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					