

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90129 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P26731**

1. Corporation Name  
**ARTHUR BLESSITT EVANGELISTIC ASSOCIATION OUTREACH FOR CHRIST, INCORPORATED**

Principal Place of Business 3444 MARINATOWN LN. SUITE 18 N. FT. MYERS FL 33903 US	Mailing Address PO BOX 4737 N. FT. MYERS FL 33918 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/27/1989</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>95-6205400</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLESSITT, ARTHUR O. 3444 MARINATOWN LANE SUITE 18 NORTH FT. MYERS FL 33903		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: *Arthur Blessitt* DATE: **1/28/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLESSITT, ARTHUR O.	1.2 NAME	
STREET ADDRESS	3444 MARINATOWN LN., STE 18	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLESSITT, DENISE	2.2 NAME	
STREET ADDRESS	3444 MARINATOWN LN, STE 18	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, GWIN	3.2 NAME	
STREET ADDRESS	5918 SHENANDOAH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 33903	3.4 CITY-ST-ZIP	90056
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, NORMA	4.2 NAME	
STREET ADDRESS	5918 SHENANDOAH	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90056	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Arthur Blessitt* DATE: **1/28/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR9E037 (11/98)