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May 10, 1999 8:00 am
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05-10-1999 90040 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **705147**

1. Corporation Name

THE EVANGELICAL COVENANT CHURCH OF POMPANO BEACH , FLORIDA, INC.

Principal Place of Business	Mailing Address
9904 N.W. 77TH STREET TAMARAC FL 33321	9904 N.W. 77TH STREET TAMARAC FL 33321

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/04/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1426200 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENRY, BRUCE 350 N.E. 42ND ST. FT. LAUDERDALE FL 33334	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 _____ DATE
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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, SCOTT		1.2 NAME		
STREET ADDRESS	2800 NW 56TH AVE, SUITE E-304		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHULHOF, BETTY		2.2 NAME		
STREET ADDRESS	9221 W. BROWARD BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	CLAUSON, RILLA		3.2 NAME	Timothy Backus	
STREET ADDRESS	1650 NE 55TH ST.		3.3 STREET ADDRESS	8285 NW 94 Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Tamarac FL 33321	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIOLA NILSEN		4.2 NAME	Viola K. Nilsen	
STREET ADDRESS	1295 NW 87 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CUNLIFFE, DAVID		5.2 NAME		
STREET ADDRESS	9943 N.W. 6TH CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEILER, ELLIE		6.2 NAME		
STREET ADDRESS	5841 NW 61ST AVE, APT 201		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Viola K. Nilsen **SIGNATURE REQUIRED** 5/5/99 954-346-3167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #