FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713184** **(0)**

1. Corporation Name

THE EVANGELICAL COVENANT CHURCH OF TRAILER ESTATES, INC.

Principal Place of Business	Mailing Address
6828 CANADA ES. INC. ATES. INC. <THE) BRADENTON FL 34281-6150 US	P.O. BOX 6150 ES. INC. ATES. INC. <THE) BRADENTON FL 34281-6150 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **08/14/1967**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2348762** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELOWSON, DAVID A.
3400 AVENIDA MADERA
BRADENTON FL 34210

10. Name and Address of New Registered Agent

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELOWSON, DAVID		1.2 NAME	
STREET ADDRESS	3400 AVENIDA MADERA		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL..		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REED, RUSSELL		2.2 NAME	
STREET ADDRESS	1812 IOWA		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COMBS, WILLIAM		3.2 NAME	
STREET ADDRESS	1805 NEW YORK		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAMSELL, BARBARA		4.2 NAME	
STREET ADDRESS	1917 OHIO		4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, ELDA		5.2 NAME	
STREET ADDRESS	6808 MASSACHUSETTS		5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BELL, GAIL		6.2 NAME	
STREET ADDRESS	2108 OHIO		6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David A. Elowson David A. Elowson 02/21/96 (941)756-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)