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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713184 (0)

1. Corporation Name

THE EVANGELICAL COVENANT CHURCH OF TRAILER ESTAT
ES, INC.

Principal Place of Business

Mailing Address

6828 CANADA
ES, INC. ATEs, INC. <THE>
BRADENTON FL 34281-6150
USP.O. BOX 6150
ES, INC. ATEs, INC. <THE>
BRADENTON FL 34281-6150
US3. Date Incorporated or Qualified
08/14/19673a. Date of Last Report
02/27/1996

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

29

30

4. FEI Number

59-2348762

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELOWSON, DAVID A.
3400 AVENIDA MADERA
BRADENTON FL 34210

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME ELOWSON, DAVID
STREET ADDRESS 3400 AVENIDA MADERA
CITY-ST-ZIP BRADENTON, FL..TITLE TD ☐ DELETENAME REED, RUSSELL
STREET ADDRESS 1812 IOWA
CITY-ST-ZIP BRADENTON FLTITLE VD ☐ DELETENAME COMBS, WILLIAM
STREET ADDRESS 1805 NEW YORK
CITY-ST-ZIP BRADENTON FLTITLE S ☐ DELETENAME RAMSELL, BARBARA
STREET ADDRESS 1917 OHIO
CITY-ST-ZIP BRADENTON FLTITLE S ☒ DELETENAME DUNN, ELDA
STREET ADDRESS 6808 MASSACHUSETTS
CITY-ST-ZIP BRADENTON, FL 00000TITLE S ☐ DELETENAME BELL, GAIL
STREET ADDRESS 2108 OHIO
CITY-ST-ZIP BRADENTON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

HACK, ELLEN
1710 Minnesota
Bradenton, FL

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1, 1997 (94)-756-7722
Date Daytime Phone # 0075495

CR2E037 (9/96)