

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713184** (0)

1. Corporation Name

**THE EVANGELICAL COVENANT CHURCH OF TRAILER ESTAT
ES, INC.**



Principal Place of Business 6826 CANADA ES, INC. ATEs, INC. <THE> BRADENTON FL 34261-6150 US	Mailing Address P.O. BOX 6150 ES, INC. ATEs, INC. <THE> BRADENTON FL 34261-6150 US
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3. Date Incorporated or Qualified 08/14/1967	
4. FEI Number 59-2348762	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent ELOWSON, DAVID A. 3400 AVENIDA MADERA BRADENTON FL 34210
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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

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	PO	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	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	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	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	5.1 TITLE	☐ Change ☐ Addition
NAME	HACK, ELLEN	5.2 NAME	
STREET ADDRESS	1710 MINNESOTA	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	S	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 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:

David Elowson

1-27-98

(941) 256-7222

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