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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 713184

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 US	P.O. BOX 6150 ES. INC. ATES. INC. <THE) BRADENTON FL 34281-6150 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 08/14/1967
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2348762 ☐ 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

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	VD	☐ Change ☒ Addition
NAME	COMBS, WILLIAM		3.2 NAME	MUMFORD, WILLIAM	
STREET ADDRESS	1805 NEW YORK		3.3 STREET ADDRESS	1709 IOWA	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	BRADENTON FL	
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	RAMSELL, BARBARA		4.2 NAME	BULL, LORRAINE	
STREET ADDRESS	1917 OHIO		4.3 STREET ADDRESS	2115 MINNESOTA	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	BRADENTON FL	
TITLE	S	☐ DELETE	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	☐ 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		

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: Dave Jr. Elowson REQUIRED — 1-8-99 — 941-756-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #