

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90075 001 ****61.25

DOCUMENT # 713184

1. Entity Name
**THE EVANGELICAL COVENANT CHURCH OF TRAILER
ESTATES, INC.**



Principal Place of Business
**6828 CANADA
ES, INC. ATES, INC. <THE>
BRADENTON, FL 34281-6150 US**

Mailing Address
**P.O. BOX 6150
ES, INC. ATES, INC. <THE>
BRADENTON, FL 34281-6150 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2348762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELOWSON, DAVID A.
3400 AVENIDA MADERA
BRADENTON, FL 34210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ELOWSON, DAVID
STREET ADDRESS 3400 AVENIDA MADERA
CITY-ST-ZIP BRADENTON, FL.,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MAC FARLANE, HERBERT
STREET ADDRESS 6606 WASHINGTON ST.
CITY-ST-ZIP BRADENTON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME POOR, ROBERT
STREET ADDRESS 1818 MINNESOTA
CITY-ST-ZIP BRADENTON, FL

TITLE ☒ Change ☐ Addition
NAME **CD**
STREET ADDRESS **POOR ROBERT**
CITY-ST-ZIP **1818 MINNESOTA**
BRADENTON FL

TITLE S ☐ Delete
NAME MUNFORD, MARYJANE
STREET ADDRESS 1709 IOWA
CITY-ST-ZIP BRADENTON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME HACK, ELLEN
STREET ADDRESS 1710 MINNESOTA
CITY-ST-ZIP BRADENTON, FL

TITLE ☐ Change ☒ Addition
NAME **VC**
STREET ADDRESS **SULLIVAN KENNETH**
CITY-ST-ZIP **4832 INDEPENDENCE DRIVE**
BRADENTON FL 34210

TITLE S ☐ Delete
NAME MILLER, LORRETTA
STREET ADDRESS 1610 INDIANA
CITY-ST-ZIP BRADENTON, FL

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **WEAVER, LORRETTA**
CITY-ST-ZIP **2426 Bay Drive**
BRADENTON, FL 34207

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. H. MacFarlane

H. H. MAC FARLANE 04/15/06 941-756-7722