

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90140 020 ****70.00

DOCUMENT # 717351

1. Entity Name

THE EVANGELICAL FOUNDATION FOR CHRISTIAN SERVICE

Principal Place of Business

Mailing Address

880 SOUTH FEDERAL HIGHWAY
 FT. LAUDERDALE FL 33316

880 SOUTH FEDERAL HIGHWAY
 FT. LAUDERDALE FL 33316-1221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1303444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHCRAFT, WILLIAM E.
 880 SOUTH FEDERAL HIGHWAY
 FT. LAUDERDALE FL 33316

Name: **Hendrikse, Thomas**
 Street Address (P.O. Box Number is Not Acceptable):
c/o Thomas T. Grimmett, Sr.
1700 East Las Olas Blvd. Suite 303
 City: **Ft. Lauderdale** FL Zip Code: **33301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/4/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DORST, DAVID	
STREET ADDRESS	1900 S.W. 24TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, HUGH	
STREET ADDRESS	1111 SE 7TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARAFALO, PAUL	
STREET ADDRESS	5280 S.W. 4TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOXIE, JACK	
STREET ADDRESS	1006 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKS, DON	
STREET ADDRESS	1443 S.W. 13TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSES, TED	
STREET ADDRESS	904 S.E. 6TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	622 S. Rio Vista Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lautenschlager, Mark	
STREET ADDRESS	3521 E. Southern Orchard Road	
CITY-ST-ZIP	Davie, FL 33328	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, DAMON	
STREET ADDRESS	8380 SW 39th Ct.	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lacy, Kenneth	
STREET ADDRESS	1045 W. Country Club Circle	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelley, William	
STREET ADDRESS	1009 SE 10th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, H. James	
STREET ADDRESS	413 NE 9th Avenue	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 609.01, 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 617, 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)