

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 717351

FILED
Jan 31, 2003
Secretary of State

Entity Name: THE EVANGELICAL FOUNDATION FOR CHRISTIAN SERVICE, INC.

Current Principal Place of Business:

880 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

880 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-6033524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDRIKSE, THOMAS
RIO VISTA COMMUNITY CHURCH
880 S FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INGRAM, DAVID
Address: 400 SW 55TH AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: LAUTENSCHLAGER, MARK
Address: 3521 E SOUTHERN ORCHARD RD
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: HENDRIKSE, THOMAS
Address: 880 S FEDERAL HIGHWAY
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: TD () Delete
Name: MARKS, DON
Address: 1515 SW 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: MCCULLOCH, DON
Address: 1459 SW 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: HOXIE, JACK
Address: 1560 SW 56TH AVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: PALMER, DAMON
Address: 8380 SW 39TH COURT
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARKS, DON
Address: 1515 SW 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID INGRAM

Electronic Signature of Signing Officer or Director

P

01/31/2003

_____ Date