

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90100 038 ****61.25

DOCUMENT # 731322

1. Entity Name

EVANGELICAL COVENANT CHURCH OF VENICE ISLES, INC

Principal Place of Business

852 JOLANDA CIRCLE
 VENICE FL 34292
 US

Mailing Address

852 JOLANDA CIRCLE
 VENICE FL 34292
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1574630**

Applied For

Not Applicable

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

MORTON, FRANK
403 VIA VENETO
VENICE FL 34292

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

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 **CD** Delete
 NAME **MORTON, FRANK**
 STREET ADDRESS **403 VIA VENETO**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SCHELL, ESTHER**
 STREET ADDRESS **817 TRENTO DR.**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME **TD**
Shavan Frandle-Boone
 STREET ADDRESS **830 Trento Dr.**
 CITY-ST-ZIP **Venice FL. 34292**

TITLE **VD** Delete
 NAME **SMITH, JAMES**
 STREET ADDRESS **956 CORTINA BLVD**
 CITY-ST-ZIP **VENICE, FL 00000 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: SIGNATURE REQUIRED **F. MORTON** 1/20/01 941-488-6284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/00)