FILE NOW: FILING FEE IS $61.25

FILED
Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005089 (6)**

1. Corporation Name

FOUR WINDS ECCLESIA, INCORPORATED

Principal Place of Business	Mailing Address
4267 S SEMORAN BLVD. #3-22 ORLANDO FL 32822	P.O. BOX 621057 ORLANDO FL 32862-1057 US

3. Date Incorporated or Qualified: **10/24/1995**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business
21 **3325 Glen Village Court**
22 Suite, Apt. #, etc.
23 City & State: **Orlando FL**
24 Zip: **32822**
25 Country: **USA**

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-3326735** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OWEN, WALDEN L
4267 S SEMORAN BLVD, #3-22
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: **BERG, MICHAEL A**
82 Street Address (P.O. Box Number is Not Acceptable): **3325 Glen Village Court**
83
84 City: **ORLANDO** **FL** 85 Zip Code: **32822**

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: **Michael A Berg** Michael A. Berg 2/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWEN, WALDEN V 4267 S SEMORAN BLVD, #3-22 ORLANDO FL 32822	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/D OWEN, WALDEN L 4267 S Semoran Blvd #22 Orlando FL 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERG, MICHAEL A 3030 JON JON CT ORLANDO FL 32822	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D BERG, MICHAEL A 3325 Glen Village Court Orlando FL 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWEN, BEVERLY V 4267 S SEMORAN BLVD, #3-22 ORLANDO FL 32822	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T/D OWEN, BEVERLY V 4267 S Semoran Blvd #22 Orlando FL 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERG, DARLA F 3030 JON JON CT ORLANDO FL 32822	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/D BERG, DARLA F 3325 Glen Village Court Orlando FL 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Michael A Berg, Pres Michael A. Berg 2-1-97 407/273-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018192