FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90107 011 ***150.00

DOCUMENT # N95000050897 (2005)

1. Entity Name
FOUR WINDS ECCLESIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5796 HOFFNER AVE.	PO BOX 621057
Suite, Apt. #, etc. Suite # 601	Suite, Apt. #, etc.
City & State Orlando FL	City & State ORLANDO FL
Zip 32822 Country USA	Zip 32862 Country USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael A. Berg

Street Address (P.O. Box Number is Not Acceptable): 3325 Glenn Village Court

City: ORLANDO FL Zip Code: 32822

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	TITLE	
NAME	OWEN, WALDEN L.	NAME	
STREET ADDRESS	2615 AMBERGATE Rd.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	Michael A. Berg	NAME	
STREET ADDRESS	3325 Glenn Village Ct.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	BERG, DARLA	NAME	
STREET ADDRESS	5635 Glenn Village Ct.	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Orlando, FL 32822	CITY-ST-ZIP	
TITLE	TD	TITLE	IN THIS SPACE
NAME	OWEN, Beverly V.	NAME	
STREET ADDRESS	2615 Ambergate Rd.	STREET ADDRESS	
CITY-ST-ZIP	Winter Park, 32792	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly V Owen BEVERLY V. OWEN 03-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #