## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2000 8:00 am Secretary of State DOCUMENT # N97000003383 THE EVANGEL FUND, INC. 01-22-2000 90073 031 \*\*\*\*61.25 Mailing Address Principal Place of Business 1463 TROON CIR 1463 TROON CIR UUUU72711 PALM CITY FL 34990 PALM CITY FL 34990-4428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0757765 Not Applicable \$8.75 Additional ~Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ENRIGHT, RICHARD E 1463 TROON CIR PALM CITY FL 34990 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition [] Change DS TITLE TITLE □ Delete NAME NAME ENRIGHT, RICHARD E STREET ADDRESS STREET ADDRESS 1463 SW TROON CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ■ Addition Delete TITLE TITLE SULLER, DEBRA J CPA NAME NAME STREET ADDRESS STREET ADDRESS 1319 WILSON POINT ROAD CITY-ST-ZIP CITY-ST-7IP CAPE VINCENT NY 13618-0550 ☐ Change Addition DP TITLE TITLE ☐ Delete KOPP, W. BREWSTER NAME NAME STREET ADDRESS STREET ADDRESS 210 RIVER RUN CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** Addition Change TITLE ☐ Delete TITLE **NEWINGTON, BARBARA** NAME STREET ADDRESS STREET ADDRESS FIELD POINT RD CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06830 ☐ Change ☐ Addition TITLE ☐ Delete NAME BRETSCHER, PRENTISS NAME STREET ADDRESS STREET ADDRESS 119 COLEMAN BLVD CHTY-ST-ZIP CITY-ST-ZIP MT PLEASANT SC 29464 Change ☐ Addition ☐ Delete TITLE TITLE O'BRYON, JAMES F NAME NAME STREET ADDRESS STREET ADDRESS 1608 S TOLLGATE RD CITY-ST-ZIP CITY-ST-7IP **BEL AIR MD 21015** 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:

RICHARD TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/04

561-283-2489

**FILED**