

FILED
Sep 12, 2001 8:00 am
Secretary of State

05-29-2001 90003 022 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003503

1. Entity Name

EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

321 W. LAKEVIEW AVE
EUSTIS FL 32726

2003 SUWANNEE AVENUE
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

1110 SOUTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EUSTIS, FLORIDA 32726

4. FEI Number

59-3738999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PARKS, NICIE ALLEN

Street Address (P.O. Box Number is Not Acceptable)

1110 SOUTH STREET

City

EUSTIS

FL

Zip Code
32726

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 registering)

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	D	<input type="checkbox"/> Delete
NAME	PARKS, NICIE ALLEN	
STREET ADDRESS	2003 SUWANNEE AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANKEN, ANN REEVES	
STREET ADDRESS	312 CROKED LAKE RIDGE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, DOROTHY	
STREET ADDRESS	1310 JULES COURT	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, NICIE ALLEN	(ADDRESS CHANGE ONLY)
STREET ADDRESS	1110 SOUTH STREET	
CITY-ST-ZIP	EUSTIS, FLORIDA 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #