

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003890

DOCUMENT # **N98000003503**

1. Entity Name

**EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.**



FILED

03 NOV -3 AM 9:27

Principal Place of Business

Mailing Address

**321 W. LAKEVIEW AVE  
EUSTIS FL 32726**

**1110 SOUTH STREET  
EUSTIS FL 32726**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 03

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3738999**

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

**PARKS, NICIE ALLEN  
1110 SOUTH STREET  
EUSTIS FL 32726**

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. I am familiar with, and accept the obligations of registered agent.

**900024387049**  
11/03/03--01092--009 \*\*236.25

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKS, NICIE ALLEN</b>	
STREET ADDRESS	<b>1110 SOUTH STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLANKEN, ANN REEVES</b>	
STREET ADDRESS	<b>312 CROKED LAKE RIDGE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, DOROTHY</b>	
STREET ADDRESS	<b>1310 JULES COURT</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 ACQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/03

Date

(352) 343-126

Daytime Phone #

CR2E037 (4/03)