

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # 701211**

1. Entity Name

**THE EVANGELICAL FREE CHURCH OF ENGLEWOOD FLORIDA**

01-22-2001 90109 050 \*\*\*\*61.25

Principal Place of Business

2550 ENGLEWOOD ROAD  
 ENGLEWOOD FL 34223

Mailing Address

2550 ENGLEWOOD ROAD  
 ENGLEWOOD FL 34223

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0034619**

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

**HEDGEPEETH, ROBERT E**  
**35 CLINTWOOD AVE**  
**ENGLEWOOD FL 34223**

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.

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**

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 **S** ☒ Delete  
 NAME **AXBERG, DOROTHY**  
 STREET ADDRESS **1690 ELINOR PLACE**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **S** ☐ Change ☒ Addition  
 NAME **WING, BETTY**  
 STREET ADDRESS **874 SECOND ST.**  
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Delete  
 NAME **BOWERS, THURMAN**  
 STREET ADDRESS **526 AMBERJACK DR**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **AXBERG, JOHN**  
 STREET ADDRESS **1690 ELINOR PLACE**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **PUTMAN, RICHARD**  
 STREET ADDRESS **591 COBALT RD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DC** ☐ Delete  
 NAME **DOODY, FRANK**  
 STREET ADDRESS **580 ORIENTAL POPPY DRIVE**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **WEACHTER, HENRY**  
 STREET ADDRESS **1800 ENGLEWOOD RD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ 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:** *Robert E. Hedgepeeth*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 11, 2001 (941) 495-1829**  
 Date Daytime Phone #

CR2E037 (10/00)