

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90072 007 ****61.25

DOCUMENT # 702832

1. Entity Name

EVANGELICAL HOMES FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 93
 LEMARS IA 51031

P.O. BOX 93
 LEMARS IA 51031-0093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6155008

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESKE, MRS. W.H.
1363 GLENDALE CIRCLE E.
SARASOTA FL

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 Delete
 NAME **PDC**
 STREET ADDRESS **GRUPP, ROBERT L.**
 CITY-ST-ZIP **515 1ST AVENUE SE**
LE MARS IA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SNYDER, BYRON R.**
 CITY-ST-ZIP **673 NORTH LYNN DRIVE**
LE MARS IA 51031

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SNYDER, MARGARET T.**
 CITY-ST-ZIP **673 NORTH LYNN DRIVE**
LE MARS IA 51031

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MAHL, CHRISTINE M.**
 CITY-ST-ZIP **394 WINDSOR DRIVE**
HARLEYSVILLE PA 19438

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **POSTMA, RUTH C.**
 CITY-ST-ZIP **50 16TH ST. SE**
LEMARS IA 51031

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **POSTMA, FRANK J.**
 CITY-ST-ZIP **50 16TH ST. S.E.**
LEMARS IA 51031

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: *Frank Postma* (FRANK Postma) 4/16/2000 712/546-8313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (9/99)