

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


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90362 021 \*\*\*\*61.25

UBR002

**DOCUMENT # 702832**

1. Entity Name  
**EVANGELICAL HOMES FOR CHILDREN, INC.**



Principal Place of Business      Mailing Address

P.O. BOX 93      P.O. BOX 93  
LEMARS IA 51031      LEMARS IA 51031

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-6155008**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>PDC</b>	<input type="checkbox"/> Delete
NAME	<b>GRUPP, ROBERT L.</b>	
STREET ADDRESS	<b>515 1ST AVENUE SE</b>	
CITY-ST-ZIP	<b>LE MARS IA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRUPP, MARY JEANNE</b>	
STREET ADDRESS	<b>18 ROYAL OAK ROAD DERWEN FAWR</b>	
CITY-ST-ZIP	<b>SWANSEA UK SAZ- 8ES</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JANSSEN, BRIAN</b>	
STREET ADDRESS	<b>205 3RD AVENUE S</b>	
CITY-ST-ZIP	<b>HOSPERS IA 51238</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUNKEL, DON</b>	
STREET ADDRESS	<b>A P 111 3RD AVENUE SW</b>	
CITY-ST-ZIP	<b>LE MARS IA 51031</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>POSTMA, RUTH C.</b>	
STREET ADDRESS	<b>50 16TH ST. SE</b>	
CITY-ST-ZIP	<b>LEMARS IA 51031</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>POSTMA, FRANK J.</b>	
STREET ADDRESS	<b>50 16TH ST. S.E.</b>	
CITY-ST-ZIP	<b>LEMARS IA 51031</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

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]* RECORDED (Postma) 4/11/2003 712/546-8313

CR2E037 (10/02)