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

## DOCUMENT # 702832

1. Entity Name

## EVANGELICAL HOMES FOR CHILDREN, INC.



Apr 14, 2003 8:00 am § Secretary of State

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

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Principal Plac	e of Business	Mailin	g Address	<del> </del>					
P.O. BOX 93		P.O. 8	•			14			
LEMARS IA 510	031	LEMAR	S IA 51031		ļ	100			
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2. Principal P	Place of Business	3. Mai	ling Address	<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>					
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Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.			HECK HERE IF MAKING O	HANGES		
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City & Stat	e	Cit	ty & State		4. FEI Number 59	6155008		oplied For of Applicable	
Zip	Country	Zir	<u> </u>	Country			<b>B.75</b> Add		
	ounity (			, occurry	5. Certificate of Stat		e Require		
	6. Name and Address of Cu	rrent Registere	ed Agent		7. Name and Addre	ess of New Registered Ag	ent		
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BESKE, MRS. W.H.			Street Address (		ess (P.O. Box Number is No	(P.O. Box Number is Not Acceptable)			
	ENDALE CIRCLE E.			ļ					
SARASO1	TA FL			•				•	
				City		FL	Zip Code	e	
A The above	named entity submits this statem	ent for the purp	ose of changing its	registered office or reg	istered agent, or both, in th		niliar with	and accept	
	ions of registered agent.	ioni ioi ino parp	ose of changing its	registered office of reg	iotorea agent, or boin, in th	c otate of Florida. Familia	ma man,	and abbopt	
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SIGNATURE .					<del></del>				
	Signature, typed or printed name of registered	d agent and title if app	licable. (NOTE	Registered Agent signature re-	quired when reinstating)	DATE			
ا	FILE NOW: FEE IS \$61.25	;	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make Check I Florida Departm			
• .			nost rana c	ontribution.	Added to rees	Florida Departir	ient or a	State	
10.	OFFICERS AN	ND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
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	PDC		☐ Delete	TITLE	7,557,101,070,101,140,20		Change	☐ Addition	
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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.