


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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90139 015 ****61.25

DOCUMENT # 706205

1. Entity Name
THE SOUTHEAST CONFERENCE OF THE EVANGELICAL COVENANT CHURCH OF AMERICA, INC.



Principal Place of Business Mailing Address

**1759 W BROADWAY ST
STE 7
OVIEDO FL 32765
US**

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STE 7
OVIEDO FL 32765
US**

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 **59-6153868** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIERICKE, KURT
1820 SENECA BLVD
WINTER SPRINGS FL 32708**

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 _____ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OSBURN, BILL	
STREET ADDRESS	6569 TANGLEWOOD DR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORSMAN, PECO	
STREET ADDRESS	PO BOX 191	
CITY-ST-ZIP	SILVERHILL AL 36576	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, DAVID	
STREET ADDRESS	6541 SUTTON CT	
CITY-ST-ZIP	PARKLAND FL 33087	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARSHAM, PENNY	
STREET ADDRESS	324 BARHAM RD	
CITY-ST-ZIP	REISSVILLE NC 27285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: *Bill Osburn* **Billy R. Osburn** 1/24/03 12/15/02

CR2E037 (10/02)