

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90082 042 \*\*\*150.00

C0083211

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 711904

**1. Entity Name**  
 HAPPY GOSPEL SINGERS EVANGELISTIC  
 CRUSADE, INC.

|                                                                                                 |                                                                                         |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>2015 51st Avenue East<br>Box 144<br>Oneco, Fl. 34264-0144 | <b>Mailing Address</b><br>2015 51st Avenue East<br>Box 144<br>Oneco, Florida 34264-0144 |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                                                                        |                                                                                 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-6194207                                                                     | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                                 |

|                                                                                                                                             |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br>Faneca, Margaret<br>2015 51st Avenue East<br>Box 144<br>Oneco, Florida 34264-0144 | <b>7. Name and Address of New Registered Agent</b><br>Name: Faneca, Margaret (same)<br>Street Address (P.O. Box Number is Not Acceptable): 2015 51st Avenue East, Box 144<br>City: Oneco FL 34264-0144 |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**9.** This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**10.** Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

|                                                              |                                              |                                                                                           |                                       |
|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------|
| <b>11. OFFICERS AND DIRECTORS</b>                            |                                              | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                              |                                       |
| <b>TITLE</b> P/D <input type="checkbox"/> Delete             | <b>NAME</b> Faneca, Margaret                 | <b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            | <b>NAME</b>                           |
| <b>STREET ADDRESS</b> 2015 51st Avenue East, Box 144         | <b>CITY-ST-ZIP</b> Oneco, Fl. 34264-0144     | <b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>NAME</b> VP/D Bailey, William      |
| <b>TITLE</b> VP/D <input checked="" type="checkbox"/> Delete | <b>NAME</b> Cline, Richard T.                | <b>STREET ADDRESS</b> 5105 17th Court East                                                | <b>CITY-ST-ZIP</b> Bradenton, Florida |
| <b>STREET ADDRESS</b> 2907 59th Street Court East            | <b>CITY-ST-ZIP</b> Bradenton, Fl.            | <b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            | <b>NAME</b>                           |
| <b>TITLE</b> T/D <input type="checkbox"/> Delete             | <b>NAME</b> Faneca, Stanley                  | <b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>NAME</b> S/D Bailey, Sally         |
| <b>STREET ADDRESS</b> 2015 51st Avenue East, Box 144         | <b>CITY-ST-ZIP</b> Oneco, Florida 34264-0144 | <b>STREET ADDRESS</b> 5105 17th Court East                                                | <b>CITY-ST-ZIP</b> Bradenton, Florida |
| <b>TITLE</b> S/D <input checked="" type="checkbox"/> Delete  | <b>NAME</b> Cline, Betty                     | <b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>NAME</b> D Cline, Richard T.       |
| <b>STREET ADDRESS</b> 5220 33rd Street East                  | <b>CITY-ST-ZIP</b> Bradenton, Florida        | <b>STREET ADDRESS</b> 2907 59th Court East                                                | <b>CITY-ST-ZIP</b> Bradenton, Florida |
| <b>TITLE</b> D <input checked="" type="checkbox"/> Delete    | <b>NAME</b> BAILEY, SALLY                    | <b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>NAME</b> D Pritchard, Adele        |
| <b>STREET ADDRESS</b> 5105 17th Court East                   | <b>CITY-ST-ZIP</b> Bradenton, Florida        | <b>STREET ADDRESS</b> 5124 17th Street Court East                                         | <b>CITY-ST-ZIP</b> Bradenton, Florida |
| <b>TITLE</b> D <input checked="" type="checkbox"/> Delete    | <b>NAME</b> Bailey, William                  |                                                                                           |                                       |
| <b>STREET ADDRESS</b> 5105 17th Court East                   | <b>CITY-ST-ZIP</b> Bradenton, Florida        |                                                                                           |                                       |

**13.** 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Margaret Faneca **Margaret Faneca** 4/26/00 (941) 755-4490

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Daytime Phone #

CR2E034 (9/99)