
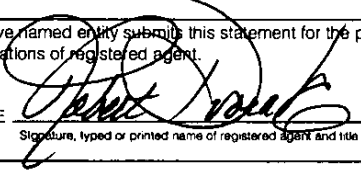
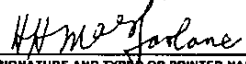


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 014 \*\*\*\*70.00

<b>DOCUMENT # 713184</b>					
<b>1. Entity Name</b> THE EVANGELICAL COVENANT CHURCH OF TRAILER ESTATES, INC.					
<b>Principal Place of Business</b> 6828 CANADA ES, INC. ATES, INC. <THE> BRADENTON, FL 34281-6150 US			<b>Mailing Address</b> P.O. BOX 6150 ES, INC. ATES, INC. <THE> BRADENTON, FL 34281-6150 US		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		04172007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b>  Zip                      Country		<b>City &amp; State</b>  Zip                      Country		<b>4. FEI Number</b> 59-2348762	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  ELOWSON, DAVID A. 3400 AVENIDA MADERA BRADENTON, FL 34210			<b>7. Name and Address of New Registered Agent</b> Name <u>DYORAK, ROBERT C</u> Street Address (P.O. Box Number is Not Acceptable) <u>1818 MINNESOTA</u> <u>TRAILER ESTATES</u> City <u>BRADENTON</u> <b>FL</b> Zip Code <u>34281-5207</u>		
<b>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.</b>					
SIGNATURE 		<u>ROBERT C. DYORAK, PRESIDENT</u>		<u>APR 18, 2007</u>	
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELOWSON, DAVID 3400 AVENIDA MADERA BRADENTON, FL...	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYORAK, ROBERT C 1818 MINNESOTA BRADENTON FL 34281-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAC FARLANE, HERBERT 6606 WASHINGTON ST. BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADENTON FL 34281-5753	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POOR, ROBERT 1818 MINNESOTA BRADENTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNFORD, MARYJANE 1709 IOWA BRADENTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIECKHOFF, SUE 1712 MICHIGAN BRADENTON FL 34281-5232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, KENNETH 4832 INDEOENDANCE DRIVE BRADENTON, FL 38207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SULLIVAN, KENNETH 4832 INDEPENENCE DRIVE BRADENTON FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, LORRETTA 1610 INDIANA BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEAVER, LORRETTA 2426 BAY DRIVE BRADENTON FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>  <u>H.H. MAC FARLANE TREASURER</u> <u>APR 18, 2007</u>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #					