

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713423 (2)
1. Corporation Name
**THE EVANGELICAL COVENANT CHURCH OF TRI-PAR ESTAT
ES, INC.**



Principal Place of Business

**5150 BOCA RATON AVENUE
SARASOTA FL 34234
US**

Mailing Address

**5150 BOCA RATON AVENUE
SARASOTA FL 34234
US**

3. Date Incorporated or Qualified
10/05/1967

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-2348786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WARD, HOWARD
4760 CALUMET
SARASOTA FL 34234**

1837 Brookfield Terrace

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **FOX, NORMAN**
STREET ADDRESS **5150 BOCA RATON AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **VD CLAIRESS, RUSSELL**
STREET ADDRESS **4746 TRI-PAR DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **FS FOX, CHARLENE**
STREET ADDRESS **5150 BOCA RATON AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **D FOLKRINGA, LOUIS**
STREET ADDRESS **5209 KENWOOD AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **D WARD, HOWARD**
STREET ADDRESS **4760 CALUMET AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **D BUTLER, CATHERINE**
STREET ADDRESS **5287 OAKLAND HILLS AVE**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

1837 Brookfield Terrace

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95 941-351 1935
Date Daytime Phone #

CR2E037 (12/95)