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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

5150 BOCA RATON AVENUE
SARASOTA FL 34234
US5150 BOCA RATON AVENUE
SARASOTA FL 34234-2809
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1967		3a. Date of Last Report 02/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2348786		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, HOWARD
1837 BROOKFIELD TERRACE
SARASOTA FL 34234

81 Name	David A. Elowson		
82 Street Address (P.O. Box Number is Not Acceptable)	3400 Avenida Madeira		
83			
84 City	Bradenton	FL	85 Zip Code 34210

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 reinstating)

DATE

David A. Elowson

2-9-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	FOX, NORMAN	1.2 NAME	Ward, Norma
STREET ADDRESS	5150 BOCA RATON AVE	1.3 STREET ADDRESS	1837 Brookfield Terrace
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	Sarasota, FL 34234
TITLE	VD	2.1 TITLE	VP
NAME	CLAIRESS, RUSSELL	2.2 NAME	Ward, Howard
STREET ADDRESS	4746 TRI-PAR DRIVE	2.3 STREET ADDRESS	1837 Brookfield Terrace
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	Sarasota, FL 34234
TITLE	FS	3.1 TITLE	
NAME	FOX, CHARLENE	3.2 NAME	
STREET ADDRESS	5150 BOCA RATON AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	FOLKINGA, LOUIS	4.2 NAME	
STREET ADDRESS	5209 KENWOOD AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	WARD, HOWARD	5.2 NAME	
STREET ADDRESS	1837 BROOKFIELD TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D
NAME	BUTLER, CATHERINE	6.2 NAME	Fox, Norman
STREET ADDRESS	5287 OAKLAND HILLS AVE	6.3 STREET ADDRESS	5150 Boca Raton Ave
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	Sarasota, FL 34234

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

351-1935

Date Daytime Phone # 000-0000

CR2E037 (9/96)