

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90059 042 ****61.25

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DOCUMENT # 713423

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

10/05/1967

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

9. Name and Address of Current Registered Agent

ELOWSON, DAVID A.
3400 AVENIDA MADEIRA
BRADENTON FL 34210

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☒ DELETE

NAME WARD, NORMA
STREET ADDRESS 1837 BROOKFIELD TERRACE
CITY-ST-ZIP SARASOTA FL

VP ☐ DELETE

NAME WARD, HOWARD
STREET ADDRESS 1837 BROOKFIELD TERRACE
CITY-ST-ZIP SARASOTA FL

T ☐ DELETE

NAME FOX, CHARLENE
STREET ADDRESS 5150 BOCA RATON AVE
CITY-ST-ZIP SARASOTA FL 34234

D ☒ DELETE

NAME FOLKINGA, LOUIS
STREET ADDRESS 5209 KENWOOD AVE
CITY-ST-ZIP SARASOTA FL

D ☐ DELETE

NAME WARD, HOWARD
STREET ADDRESS 1837 BROOKFIELD TERRACE
CITY-ST-ZIP SARASOTA FL

D ☐ DELETE

NAME FOX, NORMAN
STREET ADDRESS 5150 BOCA RATON AVE.
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE A/T ☐ Change ☒ Addition

1.2 NAME MILLER, MARY

1.3 STREET ADDRESS 4772 CALUMET AVE.

1.4 CITY-ST-ZIP SARASOTA FL 34234

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Howard Fox* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Date

351-1935

Daytime Phone #

CR2E037 (11/98)