

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 029 ****61.25

DOCUMENT # 713423 1. Entity Name THE EVANGELICAL COVENANT CHURCH OF TRI-PAR ESTATES, INC.					
Principal Place of Business 3400 AVENIDA MADERA BRADENTON FL 34210 US			Mailing Address 3400 AVENIDA MADERA BRADENTON FL 34210 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2348786	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELOWSON, DAVID A. 3400 AVENIDA MADEIRA BRADENTON, FL 34210				7. Name and Address of New Registered Agent Name DVORAK, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1818 MINNESOTA AVE City BRADENTON FL Zip Code 34207	
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. SIGNATURE  DATE 2-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CAMERON, DONALD 5216 OAKLAND HILLS SARASOTA FL 34234	<input 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	DT SANDERS, GERALD 3224 BEL AIR AVE SARASOTA FL 34232	<input 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	D WELLER, AUDREY 5013 OAKLAND HILLS SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BISHOP WILLARD 1853 CYPRESS POINT SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BISHOP, EVELYN 5134 BEL-AIR AVENUE SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WARD, NORMA 1837 BROOKFIELD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ELOWSON, DAVID 3400 AVENIDA MADERA BRADENTON FL 34210	<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	D SMITH, CLIFFORD 1842 WOODSTOCK LANE SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE:  G.W. SANDERS 13 FEB 07 941 355-8925 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					