

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713423

FILED
Feb 18, 2009
Secretary of State

Entity Name: THE EVANGELICAL COVENANT CHURCH OF TRI-PAR ESTATES, INC.

Current Principal Place of Business:

5224 BELAIR AVE
SARASOTA, FL 34234 US

New Principal Place of Business:

5224 BEL AIR AVE
SARASOTA, FL 34234 US

Current Mailing Address:

5224 BELAIR AVE
SARASOTA, FL 34234 US

New Mailing Address:

5224 BEL AIR AVE
SARASOTA, FL 34234 US

FEI Number: 59-2348786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DVORAK, ROBERT
1818 MINNESOTA AVE
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

TENGLIN, ROBERT
1818 MINNESOTA AVE
BRADENTON, FL 34207 US

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.

SIGNATURE: ROBERT TENGLIN

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CAMERON, DONALD
Address: 5216 OAKLAND HILLS
City-St-Zip: SARASOTA, FL 34234

Title: DT () Delete
Name: SANDERS, GERALD
Address: 3224 BEL AIR AVE
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: WARD, LONZO
Address: 4835 TRI-PAR
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: WARD, NORMA
Address: 1837 BROOKFIELD
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD W. SANDERS

TREA

02/18/2009

Electronic Signature of Signing Officer or Director

Date