

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90046 025 ****61.25

DOCUMENT # 723025

1. Entity Name
BAYSHORE WINDMILL VILLAGE EVANGELICAL COVENANT C

Principal Place of Business
**603 63RD AVENUE WEST
 BRADENTON FL 34207**

Mailing Address
**603 63RD AVENUE WEST
 BWV - Q-2
 BRADENTON FL 34207-4976**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1614137** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ASHFORD, LESLIE J
 603 63RD AVENUE WEST
 BWV - Q-2
 BRADENTON FL 34207**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE *Leslie Ashford* DATE 4/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, RON REV 36 ARBOR OAKS DR. 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	CD MOORE, ELVA 603 63RD AVE W, BWV-U-7 BRADENTON FL 34207 <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	VCD BITTING, DONALDS 603-63 RD AVE. W BLUV -13 A BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ROSSI, JEANETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 603-63RD AVE. W. LOT 5-9 BRADENTON, FL. 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASHFORD, LESLIE J 603 63RD AVE. WEST, BWV - Q-2 BRADENTON FL 34207 <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	T BITTING, DALE O. 603-63 RD AVE W BLUV-13 A BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANNEY BEVERLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 603-63rd Ave. W. - Lot W-14 BRADENTON, FL. 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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: *Leslie Ashford* **SIGNATURE REQUIRED** **LESLIE ASHFORD** DATE 4/9/01 DAYTIME PHONE # (941)-751-3414

CR2E037 (10/00)