

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731753

1. Entity Name

BEACON COMMUNITY EVANGELICAL FREE CHURCH, INC.

Principal Place of Business

Mailing Address

9025 STAR TRAIL
NEW PORT RICHEY FL 34654

9025 STAR TRAIL
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2078825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRINER, DAVID
9819 STEPHENSON DR
NEW PORT RICHEY FL 34655

Name Edward Downey

Street Address (P.O. Box Number is Not Acceptable)

12810 BOX DRIVE

City Hudson

FL

Zip Code

34667

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

Edward Downey

2-4-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PD
GRINER, DAVID
9819 STEPHENSON DR.
NEW PORT RICHEY FL 34655 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LORD, GEORGE
11031 ISLAND PINE DRIVE
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
JONES, PATRICK
12817 BANYAN ST
HUDSON FL 34669 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KEHOE, THOMAS
10304 ARMADILLO COURT
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DOWNEY, EDWARD
12810 BOX DRIVE
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman, Secretary, Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Edward Downey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-01

Date

727-868-2056

Daytime Phone #

CR2E037 (10/00)

0080131

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90091 010 ****61.25

00019135



DO NOT WRITE IN THIS SPACE