

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2002 8:00 am**
Secretary of State

05-22-2002 90110 035 ****61.25

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****B0112315**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2078825

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**~~DOWNEY, EDWARD~~
12810 BOX DRIVE
HUDSON FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LORD, GEORGE
11031 ISLAND PINE DRIVE
PORT RICHEY FL 34668**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
JONES, PATRICK
12817 BANYAN ST
HUDSON FL 34669**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KEHOE, THOMAS
10304 ARMADILLO COURT
NEW PORT RICHEY FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**6609 RIDGE RD
PORT RICHEY FL 34668**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSD
DOWNEY, EDWARD
12810 BOX DRIVE
HUDSON FL 34667**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

THOMAS KEHOE, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/30/02 (227) 849-2785**
Date Daytime Phone #

CR2E037 (9/01)