

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90158 048 ****61.25

DOCUMENT # 731753

1. Entity Name

BEACON COMMUNITY EVANGELICAL FREE CHURCH, INC.



Principal Place of Business

**9025 STAR TRAIL
NEW PORT RICHEY FL 34654**

Mailing Address

**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

**DOWNEY, EDWARD
12810 BOX DRIVE
HUDSON FL 34667**

Name **Robert Hundley**

Street Address (P.O. Box Number is Not Acceptable)
7575 Cypress Knoll Dr.

City **New Port Richey**

FL

Zip Code **34653**

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

Robert D. Hundley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☒ Delete
NAME **LORD, GEORGE**
STREET ADDRESS **11031 ISLAND PINE DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☒ Change ☐ Addition
NAME **David Deweerd**
STREET ADDRESS **13021 Serpentine Dr.**
CITY-ST-ZIP **Hudson, FL 34667**

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

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

TITLE **TD** ☐ Delete
NAME **KEHOE, THOMAS**
STREET ADDRESS **6609 RIDGE RD**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **CSD** ☒ Delete
NAME **DOWNEY, EDWARD**
STREET ADDRESS **12810 BOX DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **CSD** ☒ Change ☐ Addition
NAME **Robert Hundley**
STREET ADDRESS **7575 Cypress Knoll Dr.**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Robert D. Hundley

1-9-03

731-774-4200

CR2E037 (10/02)