

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743721

1. Entity Name

ASBURY COVENANT CHURCH, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90073 029 ****61.25

Principal Place of Business

1100 ST. CLAIR ABRAMS AVE.
TAVARES FL 32778
US

Mailing Address

P.O. BOX 1043
TAVARES FL 32778-1043
US

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

59-1834159

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

SPRAGUE, RICHARD
31026 COVE ROAD
TAVARES FL 32778

Name

William F. Mursch

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

31050 Cove Rd.

TAVARES,

City

FL

Zip Code

32778

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

William F. Mursch William F. Mursch RD

2/29/2000

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 PD ☒ Delete
NAME SPRAGUE, RICHARD
STREET ADDRESS 31026 COVE ROAD
CITY-ST-ZIP TAVARES FL

TITLE ☒ Change ☐ Addition
NAME Don Keesling
STREET ADDRESS 1408 W. Highland Ave
CITY-ST-ZIP TAVARES, FL 32778

TITLE VD ☐ Delete
NAME MURSCH, WILLIAM F.
STREET ADDRESS 31050 COVE ROAD
CITY-ST-ZIP TAVARES, FL 00000

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

TITLE D ☐ Delete
NAME MUSSELMAN, DOROTHY
STREET ADDRESS 2280 W HWY #44
CITY-ST-ZIP EUSTIS FL

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

TITLE TD ☒ Delete
NAME DENTON, HOWARD
STREET ADDRESS 12639 MILWAUKEE AVE
CITY-ST-ZIP TAVARES, FL 00000

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

TITLE D ☐ Delete
NAME WIGGLESWORTH, JOHN
STREET ADDRESS 40 SHORT ST
CITY-ST-ZIP TAVARES FL

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

TITLE ☐ Delete
NAME Don Keesling
STREET ADDRESS 1408 W. Highland Ave
CITY-ST-ZIP TAVARES FL 32778

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William F. Mursch 2/29/00 352-343-3035

Date

Daytime Phone #

CR2E037 (9/99)