

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90714 035 \*\*\*\*61.25

0010820

**DOCUMENT # 743721**

1. Entity Name

**ASBURY COVENANT CHURCH, INC.**

Principal Place of Business

Mailing Address

1100 ST. CLAIR ABRAMS AVE.  
 TAVARES FL 32778  
 US

P.O. BOX 1043  
 TAVARES FL 32778  
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURSCH, WILLIAM F**  
**31026 COVE ROAD**  
**TAVARES FL 32778**

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

*[Handwritten 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 \$61.25**

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	<b>TD</b> <b>KEESLING, DON</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1408 W HIGHLANG AVE</b> <b>TAVARES FL 32778</b>	
TITLE NAME	<b>PD</b> <b>MURSCH, WILLIAM F.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>31050 COVE ROAD</b> <b>TAVRES FL</b>	
TITLE NAME	<b>SD</b> <b>MUSSELMAN, DOROTHY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2280 W HWY #44</b> <b>EUSTIS FL</b>	
TITLE NAME	<b>D</b> <b>SHANK, JANE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>32321 HAVEN CT #128</b> <b>LEESBURG FL 34788</b>	
TITLE NAME	<b>D</b> <b>COOK, ANNA</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1343 ELKHART CIRCLE</b> <b>TAVARES FL 32778</b>	
TITLE NAME	<b>D</b> <b>FISCHER, FRANCES</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1311 MOHAWK CIRCLE</b> <b>TAVARES FL 32778</b>	

TITLE NAME	<b>D</b> <b>Joyce Martin</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>1440 Elkhart Circle</b> <b>Tavares, Fl. 32778</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**Don Keesling, Treas.**

SIGNATURE:

*[Handwritten Signature]*

05-06-02

352-343-0621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)