

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

0051276

DOCUMENT # 744225

1. Entity Name

EVANGELICAL BIBLE MISSION TO THE PHILLIPINES, IN

03-30-2001 90354 027 *****61.25

Principal Place of Business

Mailing Address

**348 NORWICH O
WEST PALM BEACH FL 33417
US**

**P O BOX 220565
WEST PALM BEACH FL 33422-0565
US**

2. Principal Place of Business

3. Mailing Address

348 NORWICH "O"
Suite, Apt. #, etc.

P.O. Box 220565
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WEST PALM BEACH, FL.

WEST PALM BEACH, FL

4. FEI Number

59-1867556

Applied For

Not Applicable

Zip

Country

33417

US

Zip

Country

33422-0565

US

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

**WINSINGER, EDITH P
348 NORWICH O
WEST PALM BEACH FL 33417**

Name

EDITH P. WINSINGER

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

348 NORWICH "O"

City

WEST PALM BEACH

FL

Zip Code

33417

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 **EDITH P. WINSINGER (VSD)** *Edith P. Winsinger* **March 23, 2001**
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 **TD** ☐ Delete
NAME **CHRISANA, RICHERT**
STREET ADDRESS **736 ELAINE RD**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **D** ☐ Delete
NAME **WINSINGER, DAVID R**
STREET ADDRESS **852 FORESTERIA DR**
CITY-ST-ZIP **LAKE PARK FL**

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

TITLE **VSD** ☐ Delete
NAME **WINSINGER, EDITH P**
STREET ADDRESS **348 NORWICH O**
CITY-ST-ZIP **W PALM BEACH FL 33417**

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

TITLE **PD** ☐ Delete
NAME **RICHERT, GEORGE E**
STREET ADDRESS **736 ELAINE ROAD**
CITY-ST-ZIP **W PALM BEACH FL**

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

TITLE **D** ☐ Delete
NAME **EAST, VIOLET**
STREET ADDRESS **PO BOX 95**
CITY-ST-ZIP **FLEETWOOD NC**

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: *Edith P. Winsinger* **March 23, 2001** **561-616-7399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)