

4/12/

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90041 005 \*\*\*\*61.25

**DOCUMENT # N00000004461**

1. Entity Name

**EKKLESIA, INC.**

Principal Place of Business

4152 GRANDCHAMP CIR  
PALM HARBOR FL 34685

Mailing Address

4152 GRANDCHAMP CIR  
PALM HARBOR FL 34685

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Oldsmar, FL

4. FEI Number

59-3666559

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

HICKS, KRISTIN J  
 4152 GRANDCHAMP CIR  
 PALM HARBOR FL 34685

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.D. Joseph S. Hancock</b>
STREET ADDRESS	<b>1421 Old Village Way</b>
CITY-ST-ZIP	<b>Oldsmar, FL 34677</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD Ron Bigalke</b>
STREET ADDRESS	<b>4152 Grandchamps Cir</b>
CITY-ST-ZIP	<b>Palm Harbor, FL 34685</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S/T D Rachel Luketie</b>
STREET ADDRESS	<b>1871 N. Washington</b>
CITY-ST-ZIP	<b>Clearwater, FL 33755</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Joseph S. Hancock*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

(813) 891-6477

Date

Daytime Phone #

CR2E037 (10/00)