2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1720 HOWELL BRANCH ROAD

DOCUMENT # N13669

Entity Name

Principal Place of Business

1720 HOWELL BRANCH ROAD

FIRST EVANGELICAL COVENANT CHURCH OF WINTER PARK

011/4/ WINTER PARK FL 32789 WINTER PARK FL 32789-1120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-6343014 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAND, BINFORD **528 LIGHTNING TR** MAITLAND FL 32751 City Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD Addition TITLE ☐ Delete TITLE ☐ Change SASSARD, GARY NAME NAME STREET ADDRESS 606 BEVERLY AVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPGS FL 32701 CITY-ST-ZIP CD TITLE Change ☐ Addition ☐ Delete YOUSEF, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 105 LONG BRANCH RD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE XXDelete TITLE Change ☐ Addition

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.

CITY-ST-ZIP

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

Janice Lilly

2106 Cochise Trail

Casselberry, FL 32707

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CJTY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

MCDERMOTT, MONICA

Winter SPGS FL 32708

1230 CHEETAH TR

TURNER, JOHN

2348 TEMPLE DR

WINTER PARK FL

LAND, BINFORD

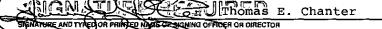
MAITLAND FL

CHANTER, THOMAS T.

1168 CLINGING VINE PL

WINTER SPGS FL 32708

528 LIGHTNING TRAIL



☐ Delete

☐ Delete

☐ Delete

2/7/00

(407)644 - 4112

☐ Change

Change

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(66/6)

CR2E037

Daytime Phone #

FILED

Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90036 004 ****61.25