**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # N13669** FIRST EVANGELICAL COVENANT CHURCH OF WINTER PARK 02-09-2001 90230 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 1720 HOWELL BRANCH ROAD 1720 HOWELL BRANCH ROAD WINTER PARK FL 32789 114000 WINTER PARK FL 32789 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 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 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. Binford Land 7,2001 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD. TITLE ☐ Delete TITLE ☐ Chance ☐ Addition SASSARD, GARY NAME NAME STREET ADDRESS 606 BEVERLY AVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPGS FL 32701 CITY-ST-ZIP CD TITI F ☐ Delete TITI F Change ☐ Addition YOUSEF, SHIRLEY NAME NAME STREET ADDRESS 105 LONG BRANCH RD STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary Change ☐ Addition LILLY, JANICE NAME NAME Pam Jackson STREET ADDRESS 2106 COCHISE TRAIL STREET ADDRESS 2143 Mohawk Trail CITY-ST-7/P CASSELBERRY FL 32707 CITY-ST-7IP Maitland, FL 32751 TITLE ☐ Delete TITL F Change ☐ Addition TURNER, JOHN NAME NAME STREET ADDRESS 2348 TEMPLE DR STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHANTER, THOMAS T. NAME NAME STREET ADDRESS 1168 CLINGING VINE PL STREET ADDRESS CITY-ST-ZIP WINTER SPGS FL 32708 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME LAND, BINFORD NAME STREET ADDRESS **528 LIGHTNING TRAIL** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 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

Thomas Chanter, Director 2/6/01 (407)644-4112 SIGNATUR

all other like empowered.

changed, or on an attachment with an address