

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48666

1. Entity Name

CHRIST EVANGELICAL COVENANT CHURCH, INC.

Principal Place of Business

Mailing Address

150 EAST BARNES  
EUSTIS FL 32726  
US

150 EAST BARNES  
EUSTIS FL 32726  
US

2. Principal Place of Business

3. Mailing Address

202 Bryan Street

202 Bryan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Eustis, FL

Zip

32726

Country

US

Zip

32726

Country

US

4. FEI Number

59-3124980

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

STOUT, BARBARA  
202 BRYAN ST  
EUSTIS FL 32726

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME OUTHOUSE, VIRGINIA  
STREET ADDRESS 31401 SUNSET AVENUE  
CITY-ST-ZIP LEESBURG FL 34788

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

TITLE D ☒ Delete  
NAME CRAY, KIM  
STREET ADDRESS 541 HIGHLAND  
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE T ☐ Delete  
NAME STOUT, BARBARA  
STREET ADDRESS 202 BRYAN ST  
CITY-ST-ZIP EUSTIS FL

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

TITLE CD ☐ Delete  
NAME SHAFAR, MARGARET  
STREET ADDRESS 112 JUNIPER WAY  
CITY-ST-ZIP TAVARES FL 32778

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

TITLE VD ☐ Delete  
NAME TODTENHAGEN, MARK  
STREET ADDRESS 27940 TAMMI DR.  
CITY-ST-ZIP TAVARES FL 32778

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:

Barbara Stout

4/18/02

(352) 483-2832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0066321



DO NOT WRITE IN THIS SPACE