

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90104 001 ****61.25

DOCUMENT # N97000001938

1. Entity Name

EVANGELINE BOOTH RESIDENCE, INC.

Principal Place of Business

Mailing Address

**1424 NE EXPRESSWAY
 ATLANTA GA 30329**

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 ATLANTA GA 30329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3437427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FAULKNER, DONALD
 3101 LAKE ELLEN LN.
 TAMPA FL 33618**

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	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JOSEPH R	
STREET ADDRESS	958 ABINGDON CT.	
CITY-ST-ZIP	STONE MOUNTAIN GA 30083	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUPT, GARY	
STREET ADDRESS	15318 WINDING CREEK DR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAULKNER, DONALD	
STREET ADDRESS	16628 VALLEY DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFREY, DAVID	
STREET ADDRESS	2543 ALPINE WAY	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, RAYMOND A	
STREET ADDRESS	2269 DOGWOOD LN.	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. N. Goodier	
STREET ADDRESS	2880 Gravitt Rd.	
CITY-ST-ZIP	Duluth, GA 30096	
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 another like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

2-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER/DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)