

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90032 001 ****61.25

DOCUMENT # N98000003503

1. Entity Name
EUSTIS COMMUNITY FELLOWSHIP CHURCH, INC.



Principal Place of Business
**321 W. LAKEVIEW AVE
EUSTIS, FL 32726**

Mailing Address
**1110 SOUTH STREET
EUSTIS, FL 32726**

50066065



DO NOT WRITE IN THIS SPACE

05162005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3738999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKS, NICIE ALLEN
1110 SOUTH STREET
EUSTIS, FL 32726**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PARKS, NICIE ALLEN
1110 SOUTH STREET
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BLANKEN, ANN REEVES
312 CROKED LAKE RIDGE
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GOODMAN, DOROTHY
1310 JULES COURT
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/02/05 (352) 343-12