

03-25-2002 90043 048 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 727694  
 Entity Name  
 ECONFINA ESTATES PARK, INC.

**DO NOT WRITE IN THIS SPACE**

Principal Place of Business 7237 Econfina Estates	Mailing Address 7237 Econfina Estates
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Youngstown, Fl	City & State Youngstown, Fl	FBI Number 59-1764992	Applied For Not Applicable
Zip 32466	Country Bay	Zip 32466	Country Bay

Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Sandy Sanders  
 Street Address (P.O. Box Number is Not Acceptable)  
7237 Econfina Estates Rd  
 City Youngstown Fl. Zip Code 32466

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent, and date if applicable. NOTE: Registered Agent signature required when not mailing.

9.  **Fee to be added to this report if the corporation is not an American citizen.**  **Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May be Added to Fees.**  **Make Check Payable to Department of State.**

10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	Balckwell, J Whildon				
	P.O.Box 520				
	Panama City, Fl 32402				
V	Sanders, Sandy				
	7237 Econfina Estates Park				
	Youngstown, Fl 32466				
P	Pridgen, David				
	7308 Lone Cedar Dr				
	Youngstown, Fl 32466				
ST	Haddock, Bonnie				
	7313 Lone Cedar Drive				
	Youngstown, Fl 32466				
D	Martin, Charles				
	7237 Econfina Estates Park				
	Youngstown, Fl 32466				
D	Kerr, John				
	7224 Econfina Estates Park				
	Youngstown, Fl 32466				

**DO NOT WRITE 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)(b), 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 on an attachment with an address, with all other like empowered.

Sandy Sanders, V/P  
 SIGNATURE: Sandy Sanders 03/16/02-850-722-6742  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CR250375 (12/01)