FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

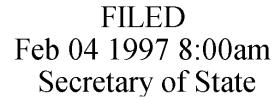
1997

DOCUMENT #

703655

(1)

COVENANT PRESBYTERIAN CHURCH OF LAKELAND, FLORID





A, INC.				•						
Principal Place of Business Mailing Address						-{				
210 EAST POPPELL DRIVE 210 EAST POPPELL DRIVE LAKELAND FL 33813 LAKELAND FL 33813-1131										
						3. Date Incorporated or Qualified 02/28/1962		ite of Last 01/29/19		
2. Principal Pl	lace of Business	2a, Mailing Address	Mailing Address			4. FEI Number			Applied For	
21	H	26 Cuito Ant # ato				59-0651074			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State		City & State			.,	6. Election Campaign Financing \$5.00 May Be				
23		[28]				Trust Fund Contribution				
Zip	Country	Zip	Country			8. This corporation has liability for		tax under]] No	s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		, , , , , , , , , , , , , , , , , , ,		81	Name					
LANGSTON, SCOTT H.				82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			
302 PALMOLA STREET LAKELAND FL 33803				83			·			
LAKELAN	ID FL 33803		ļ			·				
				84	City		FL	85 Zig	p Code	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorizer	d by t	named corpo he corporation	pration submits this statement for the pon's board of directors. I hereby accept	ourpose of the app	changing ointment a	its registered is registered	
SIGNATURE						rd when reinstaling)	DATE			
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	Apent	signature require	ADDITIONS/CHANGES TO OFFIC		DIRECTO)BS IN 12	
TITLE	D	DELETE	11 11	TLÉ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.107.11	Change		
NAME	STRAWBRIDGE, VINCENT F, JR		1,2 NA	WE	}			•	1	
STREET ADDRESS	5058 SHADY LAKE LANE		1.3 \$1	REET A	DDRESS					
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CI	TY-ST-	ZIP					
TITLE	D	☐ DELETE	2.1 11	TLE				Change	Addition	
NAME	BUSING, DICK		2.2 NA	ME						
STREET ADDRESS	6919 NUNN ROAD		2.3 STREET		DDRESS]	
CITY-ST-ZIP	LAKELAND FL		2. 4 CITY-		-ZiP					
TITLE	D	DELETE	3.1 1	TLE				Change	Addition	
NAME	KIMBALL, GARY		3.2 N	AME	1	•			Ì	
STREET ADDRESS	6910 O'DONIEL LOOP WEST		3.3 ST	REET A	DDRESS					
CITY-ST-ZIP	LAKELAND FL		3.4. C	ITY-ST	- ZIP					
TITLE	D	☐ DELETE	4.1 1	TLE				Change	Addition	
NAME	BOUTWELL, RONNIE		4.2 N	AME						
STREET ADDRESS	5822 OAKMONT LANE		4.3 ST	REET A	DDRESS					
CITY+ST+ZIP	LAKELAND FL		4.4 CI	TY-ST-	ZIP					
TITLE	DC	☐ DELETE	5.1 10	TLE.				Change	Addition	
NAME	LANGSTON, SCOTT H.		5.2 N/	AME						
STREET ADDRESS	302 PALMOLA ST.		5.3 51	FREET A	DDRESS					
CITY-ST-ZIP	LAKELAND FL		5.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TI	TLE	Ī			Change	Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 57	reet a	DDRESS					
CITY-ST-ZIP		······································	6.4 CI	TY-ST-	ZIP					

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.