

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703655 (1) 1. Corporation Name COVENANT PRESBYTERIAN CHURCH OF LAKELAND, FLORID A, INC.			
Principal Place of Business		Mailing Address	
210 EAST POPPELL DRIVE LAKELAND FL 33813		210 EAST POPPELL DRIVE LAKELAND FL 33813-1131	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANGSTON, SCOTT H. 302 PALMOLA STREET LAKELAND FL 33803		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRAWBRIDGE, VINCENT F, JR	1.2 NAME	
STREET ADDRESS	5058 SHADY LAKE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BUSING, DICK	2.2 NAME	
STREET ADDRESS	6919 NUNN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIMBALL, GARY	3.2 NAME	
STREET ADDRESS	6910 O'DONIEL LOOP WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOUTWELL, RONNIE	4.2 NAME	
STREET ADDRESS	5822 OAKMONT LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	DC ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANGSTON, SCOTT H.	5.2 NAME	
STREET ADDRESS	302 PALMOLA ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	



14. 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.

SIGNATURE: *Langston, Scott H.* **REQUIRED** 1-26-97 991-667-5093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053074

CR2E037 (9/96)