FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703655

1. Corporation Name

COVENANT PRESBYTERIAN CHURCH OF LAKELAND, FLORID A, INC.

Principal Place of Business 210 EAST POPPELL DRIVE LAKELAND FL 33813

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

210 EAST POPPELL DRIVE LAKELAND FL 33813

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90014 020 ****61.25



3. Date Incorporated or Qualifed

02/28/1962 4. FEI Number

50-0651074

22		27			39 003 1074		NO	Applicable
City & State		City & State	City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	28							·
Zip	Country Zip		_ ´	6. Election Campaign F			\$5.00	
24	25	11	30	-	Trust Fund Contribution	D	Added to	rees
Name and Address of Current Registered Agent				Name	10. Name and Address of New	Registered	Agent	
			81	Name				
LANGSTON, SCOTT H.			82	Street Add	ress (P.O. Box Number is Not Accep	table)		
302 PALMOLA STREET			83					
LAKELAND FL 33803					•			
				City		FL	85 Zip C	ode.
.11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, t				<u> </u>			<u> </u>	intornal
.11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes Florida, Such change was aut	s, the above thorized by	e-named com the comorati	poration submits this statement for the on's board of directors. I hereby acce	purpose of opt the appoi	cnanging its i ntment as reg	egistered istered
agent. I a	to the provisions of Sections 617.0502 registered agent, or both in the State of am familiar with, and sacept the obligation	ons of, Section 617.0503, Flori	da Statutes	i.				1411 1
SIGNATURE	tell & angelow					1/2	4/89	
	Signature, typed or printed hame of registered agent			nt signature require	ed when reinstating) ADDITIONS/CHANGES TO O	DATE	D DIDECTOR	OS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO O	TICENS AN	☐ Change	Addition
TITLE -	D	☐ DETE IE	1.1 TITLE				onenge	
NAME	STRAWBRIDGE, VINCENT F, JR		1.2 NAME		* •			
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CITY-S	T-ZIP	<u> </u>		Change	☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	BUSING, DICK		2.2 NAME					
STREET ADDRESS	6919 NUNN ROAD		2.3 STREE	TADORESS				
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	ĺ			Change	☐ Addition
NAME	KIMBALL, GARY		3.2 NAME					
STREET ADDRESS	6910 O'DONIEL LOOP WEST		3.3 STREE	TADDRESS				
CITY-ST-ZIP	LAKELAND FL	•	3.4. CITY-5	ST-ZIP				: '
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	BOUTWELL, RONNIE		4. 2 NAME				en e	
STREET ADDRESS			4.3 STREE	T ADDRESS		, *		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-S	IT-ZIP				W. C
TITLE	DC	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	LANGSTON, SCOTT H.		5.2 NAME				•	
STREET ADDRESS	302 PALMOLA ST.		5.3 STREE	TADDRESS			• .	÷
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-S	T-ZIP				<u> </u>
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS			•	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
U111-31-4P	1			1				

14. 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 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 open attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

941-688-5659

CR2E037

Applied For