

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703655

1. Entity Name

COVENANT PRESBYTERIAN CHURCH OF LAKE LAND, FLORID

Principal Place of Business

Mailing Address

210 EAST POPPELL DRIVE
LAKE LAND FL 33813

210 EAST POPPELL DRIVE
LAKE LAND FL 33813-1131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0651074

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LANGSTON, SCOTT H.
302 PALMOLA STREET
LAKE LAND FL 33803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. 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	D	☐ Delete
NAME	STRAWBRIDGE, VINCENT F, JR	
STREET ADDRESS	5058 SHADY LAKE LANE	
CITY - ST - ZIP	LAKE LAND, FL 00000	
TITLE	D	☐ Delete
NAME	BUSING, DICK	
STREET ADDRESS	6919 NUNN ROAD	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	D	☐ Delete
NAME	KIMBALL, GARY	
STREET ADDRESS	6910 O'DONIEL LOOP WEST	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	D	☐ Delete
NAME	BOUTWELL, RONNIE	
STREET ADDRESS	5822 OAKMONT LANE	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	DC	☐ Delete
NAME	LANGSTON, SCOTT H.	
STREET ADDRESS	302 PALMOLA ST.	
CITY - ST - ZIP	LAKE LAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SCOTT H. LANGSTON

1/26/00

1-863-688-5659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90006 024 ****61.25

907077



DO NOT WRITE IN THIS SPACE