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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 705721

(9)

EVANGELICAL COVENANT CHURCH OF ROYAL PALM BEACH, INC.

Principal Place of Business Mailing Address 660 ROYAL PALM BEACH BLVD. 660 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 3. Date Incorporated or Qualified 3a. Date of Last Report 06/05/1963 03/16/1995 Applied For 2a. Mailing Address 4. FEI Numbe 2. Principal Place of Business 59-1563 158 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Ζıp Florida Statutes ☐ Yes ☐ No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Marion Bloom Address (P.O. Box Number is Not Acceptable) LaMancha Avenue WEAVER, MAX 82 100 SANDPIPER AVENUE 83 **ROYAL PALM BEACH 33411**  $\overline{\overset{Z_{10}}{3}}\overset{Code}{3}\overset{Code}{1}$ 84 Royal Palm Beach 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.

Marion Bloom

2 - 25 - 4 C rourie SIGNATURE (NOTE: Registered Agent signatur + required when reinstitting) ne of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 Hitle TITLE 1.2 NAME **CR2E037** NAME BUSH, CLEO R. 1.3 STREET ADDRESS 11682 49TH STREET, NORTH STREET ADDRESS 1.4 CITY - ST - ZIP ROYAL PALM BCH, FL 0 CITY - ST - ZIP Change Add tion DELETE 21 TITLE PD TIFLE PΠ WEAVER, MAX 2.2 NAME NAME Marion Bloom 2.3 STREET ADDRESS STREET ADDRESS 100 SANDPIPER AVENUE 397 LaMancha Avenue W. PALM BCH. FL 2 4 CITY-ST-ZIP Royal Palm Beach, FL CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE TD 3.2 NAME NAME RICHARDSON, JAMES M 3 3 STREET ADDRESS 103 SWAN PARKWAY WEST STREET ADDRESS 3.4 CITY - S1 - ZIP ROYAL PALM BEACH FL CITY-ST-ZIP  $v_{\mathrm{D}}$ □ Channe X Addition DELETE 4.1 TITLE TITLE VD. Tim Miller 4. 2 NAME NAME KALBING, FRANK 4.3 STREET ADDRESS 135 Eider Court STREET ADDRESS 108 SEVILLA AVE 33411 Royal Palm Beach, FL 4 4 CITY - ST - ZIP ROYAL PALM BEACH FL CITY - ST - ZIP Addit on Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 legat 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 chapted, or on an attachment with an address. 64 CITY - ST - ZIP

SIGNATURE:

James M. Richardson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/96

(407) 844-6608

Daytime Prior e #