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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705721 (9)

1. Corporation Name

EVANGELICAL COVENANT CHURCH OF ROYAL PALM BEACH, INC.

Principal Place of Business

Mailing Address

660 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

660 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified

06/05/1963

4. FEI Number

59-1563158

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOM, MARION
397 LAMANCH AVE
ROYAL PALM BEACH FL 33411

81 Name

EILEEN NICHOLS

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

83 775 CARISSA DRIVE

84 City ROYAL PALM BEACH

FL

85 Zip Code 33411

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 Eileen Nichols EILEEN NICHOLS PD

3/11/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME LARSON, BEVERLY
STREET ADDRESS 2362 EDGEWATER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME BLOOM, MARION
STREET ADDRESS 397 LAMANCH AVE
CITY-ST-ZIP ROYAL PALM BEACH FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD
NAME RICHARDSON, JAMES M
STREET ADDRESS 103 SWAN PARKWAY WEST
CITY-ST-ZIP ROYAL PALM BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME NICHOLS, EILEEN
STREET ADDRESS 775 CARISSA DRIVE
CITY-ST-ZIP ROYAL PALM BEACH FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: James M. Richardson JAMES M. RICHARDSON

3/23/98 561-844-6608
561-793-1240

CR2E037 (10/97)