

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711715 (3)

1. Corporation Name

COMMUNITY COVENANT CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business

Mailing Address

4501 30TH AVE NORTH
ST PETERSBURG FL 33713

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ST PETERSBURG FL 33713

3. Date Incorporated or Qualified 10/28/1966	3a. Date of Last Report 03/02/1995
4. FEI Number 59-1729242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

RANDALL, GAY
8101 29TH AVE, NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name JAYNE, DONALD
82 Street Address (P.O. Box Number is Not Acceptable) 218 DOGWOOD CIRCLE
83
84 City SEMINOLE
85 State FL
Zip Code 34647

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 officer 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Donald L. Jayne* **DONALD L. JAYNE TREASURER** **3/14/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZMITIA, AL	1.2 NAME	LONGO, AUGUSTUS
STREET ADDRESS	4400 23RD AVE, NORTH	1.3 STREET ADDRESS	712 LYNDALE ST. NORTH
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMM, ROBERT	2.2 NAME	KIRKWOOD, JACK
STREET ADDRESS	6460 40TH AVE NORTH	2.3 STREET ADDRESS	34259 CANAL DRIVE
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, GAY	3.2 NAME	JAYNE, DONALD
STREET ADDRESS	8101 29TH AVE N	3.3 STREET ADDRESS	218 DOGWOOD CIRCLE
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	SEMINOLE, FL 34647
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETVICK, NORMAN	4.2 NAME	SCHANZENBACH, OTTO
STREET ADDRESS	3622 100TH TERR, N., UNIT 4	4.3 STREET ADDRESS	4615 31ST AVE. NORTH
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGO, AUGUSTUS	5.2 NAME	PUGH, CLARICE
STREET ADDRESS	712 LYNDALE ST, NO	5.3 STREET ADDRESS	2401 43RD ST. NORTH
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Donald L. Jayne* **3/14/96** **813-525-8485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)