FILED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713833 1. Entity Name COVENANT PRESBYTERIAN CHURCH OF FORT MYERS, FLOR							Mar 21, 2000 8:00 am Secretary of State			
								03-21-2000 90018		
Principal Place	e of Business	Mailing	Address							
			GGREGPR BOULEVARD IYERS FL 33901							
2. Principal Place of Business 3. Maili			ing Address							
Suite, Apt. #, etc. Suite			e, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City			& State				4. FEI Number Applied For Not Applied For Not Applicable			
Zip	Country	Zip	Ţ	Coun	try		5. Certificate	of Status Desired	\$8.75 Ac	dditional
	6. Name and Address of Current F	legistered	Agent				7. Name and	Address of New Register	ed Agent	
GRUBER, MARJORIE				-	Name WILSON WHEELER Street Address (P.O. Box Number is Not Acceptable)					
1516 SAUTERN DR FT MYERS FL 33919						5900	900 JEFFERY LANE			
r i Mi Eno	, LF 203 13			1	City	FORT	MYERS	F	Zip Co 33	de 907
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 WILSON WHEELER WILDOW WHEELER (NOTE: Registered Agent signature required when reinstating) DATE										
,							Make Check Payable to d to Fees Make Check Payable to Department of State			
10.	OFFICERS AND DIR	ECTORS I		11.		A	DDITIONS/CHA	ANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEELER, WILSON 5900 JEFFERY LN FT MYERS FL 33907		☐ Delete	NAME STREE CITY-S	FADDRESS ST-ZIP		M CARNAH 67 Plant	AM ation Pines BL		Myers 33912
TITLE NAME STREET AODRESS CITY-ST-ZIP	TD GRUBER, MARJORIE 1516 SAUTERN DR FT MYERS FL 33919				TADDRESS	942	CERRY BOWER 0420 Old Hickory Circle Fort Myers,F1 33912			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAHIN, JOHN SR 3490 KEY WEST DR #310C NORTH FT MYERS FL 33903	:	Delete	NAME STREET CITY-S	T ADDRESS ST-ZIP		<u> </u>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARNAHAM, TOM 6667 Plantation Pines Fort Myers, F1 33912		Delete	TITLE NAME STREE CITY-S	1 address St-Zip				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with	thin Giles	Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	rad in So	tion 119 07/21/	() Florida Statutas - further	Change	

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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: .

WILSON WHEELER GUPLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date