
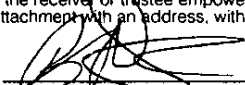


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90032 004 ****61.25

DOCUMENT # 713833 1. Entity Name COVENANT PRESBYTERIAN CHURCH OF FORT MYERS, FLORIDA INC.					
Principal Place of Business 2439 MCGREGOR BOULEVARD FORT MYERS, FL 33901			Mailing Address 2439 MCGREGOR BOULEVARD FORT MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1150677	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOLFF, FRED 3992 SABEL SPRINGS BLVD NORTH FORT MYERS, FL 33917				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAIRD, SUE		NAME	NANETTE SMITH	
STREET ADDRESS	1811 CORAL CIRCLE		STREET ADDRESS	2350 W. FIRST ST # 206	
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903		CITY - ST - ZIP	FORT MYERS, FL 33901	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	JEFFREY SCHORLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, BUD		NAME	8001 ALAMANDA CT	
STREET ADDRESS	1075 BAL ISLE DR		STREET ADDRESS	FT. MYERS, Lehigh Acres, FL	
CITY - ST - ZIP	FORT MYERS, FL 33919		CITY - ST - ZIP	33936	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, FRED		NAME		
STREET ADDRESS	3992 SABAL SPRINGS BLVD.		STREET ADDRESS		
CITY - ST - ZIP	NORTH FORT MYERS, FL 33917		CITY - ST - ZIP		
TITLE	AD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, BARRY		NAME		
STREET ADDRESS	1697 MCGREGOR RESER. DR		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33901		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/21/08 239-381-8537		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		