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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

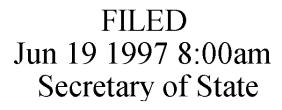
1997 DOCUMENT #

(0)

PRESBYTERIAN CHURCH OF THE COVENANT (U.S.A), INC

Principal Place of Business

Mailing Address





7950 SOUTH TAMIAMI TRAIL SARASOTA FL 34231 5846				7950 SOUTH TAMIAMI TRAIL SARASOTA FL 34231-6846									
							3.		porated or Qualified 6/1968	3a. Da	te of La 05/20		
	lace of Busin	ness	2a. Mailing Address	2a. Mailing Address			4,	FEI Numbe	9r 9000F0			App	lied For
			26	4 4				59-1	960058				Applicable
			Suite, Apt. #, etc.				Б.	Certificate	of Status Desired	П	\$8.7	75 Ac	Iditional
												e Req	
			City & State	h			6.		ampaign Financing				lay Be
		Country	28 Zip		intry			***************************************	Contribution	_ 니		ded to	
— ·					ı ılı y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	9. Name			30]			10.		Address of New Re				
					81	Name				giotoi Co	- gont		
2. Principal Place of Business 21 22 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 Q, Name and Address of Current Regis HARLOW, HOWARD W. 7950 S. TAMIAMI TR. SARASOTA FL 34231 11. Pursuant to the provisions of Sections 617.0502 and 6 office or registered agent, or both, in the State of Florinagent. I am familiar with, and accept the obligations of Signature. typed or printed name of registered agent and title 12. OFFICERS AND DIRECT TITLE TO NAME SIRRET ADDRESS CITY-ST-ZIP TITLE TO NAME STREET ADDRESS CITY-ST-ZIP TITLE TO NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NOKOMIS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NOKOMIS FL						··· •							
					82	Street A	Address (P	.O. Box Nu	mber is Not Acceptat	ole)			
					83					·		 -	
0,410	J C O				Щ								
					84	City				FL	85	Zip Co	ode
11. Pursuant	to the provis	ions of Sections 617	.0502 and 617.1508, Florida Stat	tutes, the al	oove	-named	corporation	n submits th	nis statement for the r		changir	na its	registered
Office of r	edistereo ad	ieni, or boin, in ine s	itate of Florida. Such change wa	ร สมรักดาเวล	1 hv	the corr	poration's b	oard of dire	ectors. I hereby accep	ot the app	ointmen	l as re	gistered
		and decopt the c	angularia ar, additor a rr.caga,	i iorida otal	aios.	•							
SIGNATURE .	Signature, typed	or printed name of registere	d agent and title if applicable (N	OTE: Registere	d Ager	nt signature	required when	reinstaling)		DATE			
12.	12. OFFICERS AND DIRECT			ECTORS 13.			/	ADDITIONS	CHANGES TO OFFIC	ERS AND	DIREC	TORS	N 12
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I do hereby certify that the information supplied with this filling 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 1311 changed, or on an attachment with an address.