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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **737935** **(7)**

1. Corporation Name

COMMUNITY COVENANT CHURCH OF SPANISH LAKES, INC.

Principal Place of Business	Mailing Address
1340 NORTH TAMIAMI TRAIL NOKOMIS FL 34275 US	304 SALERNO ST. VENICE FL 34285-2830 US

3. Date Incorporated or Qualified: **01/27/1977**
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2354453** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHARD, JAMES W.
304 SALERNO ST.
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	TD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WALTON, HELEN, A		1.2 NAME		
STREET ADDRESS	157 SANIBEL		1.3 STREET ADDRESS		
CITY-ST (ZIP)	NOKOMIS FL		1.4 CITY-ST (ZIP)	ZIP = 34275	
TITLE	MD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LAUGHLIN, FLORENCE, L, A		2.2 NAME		
STREET ADDRESS	9 BOCA CIEGA		2.3 STREET ADDRESS		
CITY-ST (ZIP)	NOKOMIS FL		2.4 CITY-ST (ZIP)	ZIP = 34275	
TITLE	MD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, VIRGINIA S		3.2 NAME		
STREET ADDRESS	3 BOCA CIEGA		3.3 STREET ADDRESS		
CITY-ST (ZIP)	NOKOMIS FL		3.4 CITY-ST (ZIP)	ZIP = 34275	
TITLE	MD	☒ DELETE	4.1 TITLE	MD	☐ Change ☒ Addition
NAME	VAUGHN, JUANITA G.		4.2 NAME	CANTRALL, FRANCES E.	
STREET ADDRESS	282 LA COSTA		4.3 STREET ADDRESS	206 SPANISH LAKES DRIVE	
CITY-ST-ZIP	NOKOMIS FL		4.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Helen A. Walton HELENA WALTON TREASURER 1/15/97 941-488-7607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064416