

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004307

1. Entity Name

COVENANT CHRISTIAN CHURCH, INC.



Principal Place of Business

23261 CHELSEA LOOP
LAND O'LAKES FL 34639

Mailing Address

P.O. BOX 1314
LAND O'LAKES FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686733

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ.
14217 THIRD STREET
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typ or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BROCKMAN, DANIEL	
STREET ADDRESS	23261 CHELSEA LOOP	
CITY - ST - ZIP	LAND O'LAKES FL 34639	
TITLE	D	☐ Delete
NAME	WILLIAMS, VIRGIL	
STREET ADDRESS	15152 SCANIO DRIVE	
CITY - ST - ZIP	SPRING HILL FL 34610	
TITLE	D	☐ Delete
NAME	HARRELSON, KEN	
STREET ADDRESS	27203 BREAKERS DR.	
CITY - ST - ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	☐ Delete
NAME	THOMAS, ERNEST	
STREET ADDRESS	1836 TAMPA BAY DR.	
CITY - ST - ZIP	WESLEY CHAPEL FL 33543	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Virgil Williams

VIRGIL WILLIAMS

02-01-05

352-796-7655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #