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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18741**

1. Corporation Name
COVENANT PRESBYTERIAN CHURCH OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
1001 N.W. 98 STREET GAINESVILLE FL 32606	1001 N.W. 98 STREET GAINESVILLE FL 32606

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/14/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2199625 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, JOHN E
1001 NW 98TH ST.
GAINESVILLE FL 32607

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, ROBBIE		1.2 NAME		
STREET ADDRESS	11115 NW 14TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HARRIS, JOHN E		2.2 NAME	Faith Clark	
STREET ADDRESS	840 SW 51ST WAY		2.3 STREET ADDRESS	11103 NW 14th Avenue	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MALECKI, ED		3.2 NAME		
STREET ADDRESS	5204 NW 49TH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, FAITH		4. 2 NAME		
STREET ADDRESS	11103 NW 14TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	PERRY, EVELYN		5.2 NAME	Rachel Simon	
STREET ADDRESS	9419 SW 67TH DR		5.3 STREET ADDRESS	844 SW 51st Way	
CITY-ST-ZIP	GAINESVILLE FL 32608		5.4 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CRANE, LINDA		6.2 NAME		
STREET ADDRESS	115 SW 123RD ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/31/99 352-332-1370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #