1. Entity Nam	IVIEIN # N18741	·	۽ "_پينو	•		IVI	ay 10	, 200	JU 0:1	JU an	I
Coven	ant Presbyterian	Church of Ga	ines	ville	, FL	o/ S	Secret 05-10-200				
					_/		05-10-200	0 90123 0	03 ******61	25	
Principal Plac	ce of Business	Mailing Address									
1001 NW 98th Street 1001 NW 98t Gainesville, FL 32606 Gainesville				_	606	บบบชษฺวฺษฺន					
Garnes	VIIIe, FL 32000	Gainesville	е, г	ا22 با	606	•	,00032	38			
2. Principal P	Place of Business	3. Mailing Address			-						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
0:4-8-0-4	· · · · · · · · · · · · · · · · · · ·	City & Charte			- - }	A FELAL					1
City & State		City & State				 FEI Number 59-21 	99625		 	oplied For ot Applicable	
Zip	Country	Zip	Cou	untry		5. Certificate of	Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	-	<u> </u>		7. Name and Ad	dress of New	Registered	Agent		ĺ
John E	. Harris			Name		bbie L.					
1001 NW 98th Street				Street-Ad	Street Address (P.O. Box Number is Not Acceptable) 1001 NW 98th Street						
Gaines	ville, FL 32606			}							
				City	Ga:	inesvill	.e	_ FL	Zip Cod - 3260	6	
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or r	registered	agent, or both, i	n the state of F	lorida.			
	Duiste	teuns					3	وادا	000		
SIGNATURE	Signature, uped or printed name of registered abent		E. Registere	d Agent signature	e required wit	nen reinstating)		DATE			Ì
	FILE NOW:	9. Election Campaign				May Be		ke Check			
	FEE IS \$61.25	Trust Fund Contrib	oution.	Ш	Added to	o Fees	D	epartmen	t of State		
10.	OFFICERS AND DIF	~	11.			DITIONS/CHAN					ء
TITLE NAME	DirectoryRobbie		TITLI NAM			etary Ro			Change	☐ Addition	Š
STREET ADDRESS	11115 NW 14th Ave Gainesville, FL			ET ADDRESS		NW 14tesville,		ue 2606		ĺ	5
CITY-ST-ZIP		/_L Dolete	TITLE	-31-211		tor Bob			Change	Addition	
NAME	Secretary Faith (Clair	NAM	E)2		NW 27th			onanga	,	
STREET ADDRESS CITY-ST-ZIP	Gainesville, FL			ET ADDRESS C	aine	esville,	FL 3	2605		ĺ	
TITLE	President_Ed Mal	eckiDelete	TITL	~ 14.	irec	toryJef	 f_Mall	о.у	☐ Change	Addition	
NAME STREET ADDRESS	5204 NW 49th Land	=	NAM STRE	E 1	1619	NW 15t	h Lane	_		ĺ	
CITY-ST-ZIP	Gainesville, FL	32606		-ST-ZIP C	Saine	esville,	FL 3	2606	_		
TITLE NAME	Director Faith C.		TITLE NAM	1.7		ctorsJed			☐ Change	∡ Addition	
STREET ADDRESS	11103 NW 14th Ave Gainesville, FL) ·		1 SW 95t er, FL		ille		}	
CITY-ST-ZIP			_ -	-SI-ZIP	AL CIII						
TITLE NAME	Director Rachel	Simon U Delete	TITLE NAM						☐ Change	☐ Addition	
STREET ADDRESS	844 SW 51st Way Gainesville, FL	32606		ET ADDRESS						}	ļ
CITY-ST-ZIP TITLE		T# Aslata	TITLE	-ST-ZIP			 _			Addition	
NAME	DirectoryLinda Ci 115 SW 123rd Stre	rane	NAM						Change		ı
STREET ADDRESS CITY-ST-ZIP	Newberry) LEL 320			ET ADDRESS -ST-ZIP					•	}	ı
	I certify that the information supplied with	this filing does not qualify fo			ed in Sect	ion 119.07(3)(i), F	lorida Statutes	s. I further cer	rtify that the i	nformation	

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.

Robbie L. Stevens 3 2 0°352 – 332 – 1668

Robbie L. Stevens 3/2/00352-332-1668

Daytime Phone #