

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90005 020 ****61.25

DOCUMENT # N18741

1. Entity Name

COVENANT PRESBYTERIAN CHURCH OF GAINESVILLE,
FLORIDA, INC.



Principal Place of Business

1001 N.W. 98 STREET
GAINESVILLE FL 32606

Mailing Address

1001 N.W. 98 STREET
GAINESVILLE FL 32606

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

59-2199625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICK-RAGAN
4100 NW 28TH LANE, APT. 74
GAINESVILLE FL 32606

Name **Rick Ragan**

Street Address (P.O. Box Number is Not Acceptable)
2919 NW 51st Lane

City **Gainesville**

FL

Zip Code **32606**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 22, 2004

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2004

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 **S** ☒ Delete
NAME **MCKERNAN, PAULETTE**
STREET ADDRESS **940 SW 79TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☒ Delete
NAME **GAUGGEL, HERMAN**
STREET ADDRESS **1231/ NW 9TH LANE,**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☐ Delete
NAME **RAGAN, RICK**
STREET ADDRESS **4100 NW 28TH LANE, APT. 74**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ Delete
NAME **BUTCHER, LOIS**
STREET ADDRESS **1610 NW 55TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ Delete
NAME **CLARK, BURK**
STREET ADDRESS **11103 NW 14TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Delete
NAME **NIMMO, SUSAN**
STREET ADDRESS **103 NW 114TH WAY**
CITY-ST-ZIP **GAINESVILLE FL 32607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **John Tucker**
STREET ADDRESS **6111 NW 41st Drive**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **D** ☐ Change ☒ Addition
NAME **Vernon Perry**
STREET ADDRESS **720 SW 80th Blvd.**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **D** ☐ Change ☒ Addition
NAME **Debbi Alessi**
STREET ADDRESS **8225 SW 72nd Place**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **D** ☒ Change ☐ Addition
NAME **Rick Ragan**
STREET ADDRESS **2919 NW 51st Lane**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☐ Change ☒ Addition
NAME **Erick Ringdahl**
STREET ADDRESS **5640 SW 88th Courth**
CITY-ST-ZIP **Gaiensville, FL 32608**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

352-332-0400

Date

Daytime Phone #