

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90079 050 ****61.50

DOCUMENT # N18741

1. Entity Name

**COVENANT PRESBYTERIAN CHURCH OF GAINESVILLE, FLO
RIDA, 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

**STEVENS, ROBBIE L
1001 NW 98TH ST.
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name **Rick Ragan**
Street Address (P.O. Box Number is Not Acceptable)
4100 NW 28th Lane, Apt. 74
City **Gainesville** FL **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)

DATE

1/23/03

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, ROBBIE 11115 NW 14TH AVENUE GAINESVILLE FL 32606 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKHART, BOB 2622 NW 27TH PLACE GAINESVILLE FL 32605 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, JOHN 2201 N.E. 16TH TERRACE GAINESVILLE FL 32609 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNE, JED 17821 SW 95TH AVENUE ARCHER FL 32606 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, RACHEL 844 SW 51ST WAY GAINESVILLE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOY, JEFF 11619 NW 15TH LANE GAINESVILLE FL 32606 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Paulette McKernan 940 SW 79th Terrace Gainesville, FL 32607 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Herman Gauggel 12318 NW 9th Lane, Newberry FL 32669 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rick Ragan 4100 NW 28th Lane, Apt. 74 Gainesville, FL 32653 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lois Butcher 1610 NW 55th Terrace, Gainesville, FL 32605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Burk Clark 11103 NW 14th Avenue Gainesville, FL 32606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Susan Nimmo 103 NW 114th Way Gainesville, FL 32607 ☐ Change ☐ Addition

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:

Paulette McKernan

1-27-2003 352-332-0400

CR2E037 (10/02)