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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

| FILED              |
|--------------------|
| Feb 24 1998 8:00am |
| Secretary of State |

| COVENANT BAPTIST CHURCH OF GAINESVILLE, INC.  Principal Place of Business Mailing Address |  |                     |                 |                       |                     |   |          |
|---|--|---------------------|-----------------|-----------------------|---------------------|---|----------|
| 3115 NW 16TH AVE. 3115 NW 16TH AVE. GAINESVILLE FL 32605 GAINESVILLE FL 32605             |  |                     |                 |                       |                     |   |          |
|   |  |                     |                 |                       |                     | 3. Date Incorporated or Qualified 04/07/1987  |          |
|   |  |                     |                 |                       |                     | 4. FEI Number Applied For<br>59-2809386 Not Applicable  | _        |
| _ '   | Place of Business  | 2e. Malling Address |                 |                       |                     | 5. Certificate of Status Desired S8.75 Additional   | <u>-</u> |
| Suite, Apt.   | ₩. etc.  | Suite, Apt. #, etc. |                 |                       | • • • •             | Fee Required  6. Election Campaign Financing \$5.00 May Be  | _        |
| 22  |  | 27                  |                 |                       |                     | Trust Fund Contribution Added to Fees   |          |
| City & Star   | le   | City & State        |                 |                       |                     | 7. Is this nonprofit corporation a homeowners association?  | _        |
| Zip   | Country  | Zip Country         |                 |                       |                     | Yes No  | _        |
| 24  | 25   | 29                  | 30              | 21 IV. 3              |                     | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No   |          |
|   | 9. Name and Address of Curre   |                     | .11             | Ι                     | •                   | 10. Name and Address of New Registered Agent  | _        |
|   |  |                     |                 | 81                    | Name                |   |          |
| MORGAN, JOE   |  |                     |                 | 82                    | Street Add          | dress (P.O. Box Number is Not Acceptable)   | -        |
|   | W 14TH AVENUE  |                     |                 | 63                    |                     |   | _        |
| CHARES  | VILLE FL 32605   |                     |                 |                       |                     |   | _        |
|   |  |                     |                 | 64                    | City                | FL 85 Zip Code  |          |
| 11. Pursuant<br>office or<br>agent. I a<br>SIGNATURE                                      | to the provisions of Sections 617.05 registered agent, or both, in the Stal am familiar with, and accept the obli- |                     |                 |                       |                     | rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered | -        |
| 12.   |  | ND DIRECTORS        | 13.             | u vůe                 | ant eighatore rado  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | -        |
| TITLE   |  |                     |                 | 1.1 TITLE             |                     | Change Addition   | <u> </u> |
| NAME  | MIZIRGAN, JOE  | 1.21                |                 | 1.2 NAME              |                     |   |          |
| STREET ADDRESS 6401 NW 14TH AVENUE  |  | 1.3 \$1             |                 | TREET                 | ADDRESS             |   |          |
| CITY-ST-ZIP   |  |                     | ITY-S           | T-ZIP                 | ☐ Change ☐ Additlor | _   |          |
| TITLE<br>NAME   | SMITTLE, STEVEN  |                     |                 | 2.1 TITLE<br>2.2 NAME |                     | Cusade Nontin   |          |
| STREET ADDRESS  | AAAP ABIL AA ALEE  |                     |                 |                       | ADDRESS             | <u>.</u>  |          |
| CITY-ST-ZIP   | OANIEO NA E EI   |                     |                 | 2.4 CITY-ST-ZIP       |                     |   |          |
| TITLE   | Ţ  | DELETE              | 3.1 TI          | ITLE                  |                     | Change Addition   | ī        |
| NAME  | DOSE, DAVID  | 321                 |                 | AME                   |                     |   |          |
| STREET ADDRESS  |  |                     |                 |                       | ADDRESS             |   |          |
| CITY-ST-ZIP<br>TITLE  | GAINESVILLE FL   | 3.4.  DELETE 4.1    |                 | HTY-S                 | ST-ZIP              | ☐ Change ☐ Addition   | _        |
| NAME  |  | T otter             | 4.2             |                       |                     |   | •        |
| STREET ADDRESS  |  |                     |                 |                       | ADDRESS             |   |          |
| CITY-ST-ZIP   | <u></u>  |                     |                 | ITY-S                 |                     |   |          |
| TITLE   |  | ☐ DELETE            | 5.1 TITLE       |                       |                     | Change Addition   | ī        |
| NAME  |  |                     | 52 N            | AME                   |                     |   |          |
| STREET ADDRESS  |  |                     |                 |                       | ADDRESS             |   |          |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE            | 5.4 C<br>6.1 Ti | TY-S                  | T-ZIP               | ☐ Change ☐ Addition   | _        |
| NAME  |  |                     | 6.1 H           |                       | 1                   | <u> — спаную</u> — можног   | •        |
| PARTER LABORED  |  |                     | 0.2 10          |                       |                     |   |          |

14. Thereby 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 on an attachment with an address.

**SIGNATURE:** 

(904)496-2045