

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90255 014 \*\*\*\*61.25

|                                                                                           |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N20002</b><br>1. Entity Name<br><b>COVENANT CHURCH OF GAINESVILLE, INC.</b> |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>3115 NW 16TH AVE.<br/>GAINESVILLE FL 32605</b> | Mailing Address<br><b>3115 NW 16TH AVE.<br/>GAINESVILLE FL 32605</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State                                              | City & State                                  |
| Zip Country                                               | Zip Country                                   |



1st MOORE CR2E037 (10/04)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2809386</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                            |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MORGAN, JOE D<br/>3115 NW 16TH AVE.<br/>GAINESVILLE FL 32605</b> | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

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 *Joe D. Morgan* (NOTE: Registered Agent signature required when reinstating) DATE 2-23-2005

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CDT<br>MARKS, RON<br>2736 NW 22ND TERRACE<br>GAINESVILLE FL 32605 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>MORGAN, JOE D<br>5401 N.W. 14TH AVE<br>GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HOPE, EDWINA<br>1919 NW 4TH AVENUE<br>GAINESVILLE FL 32603 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDT<br>BENZ, LARRAINE<br>9805 SW 37TH ROAD<br>GAINESVILLE FL 32608 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>SKILES, JIM<br>1605 NW 71ST STREET<br>GAINESVILLE FL 32608 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>Jim Shimeall</del> <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                |                                                                                                              | JIM SHIMEALL<br>6550 N.W. 81st BLVD<br>GAINESVILLE FL 32653 |                                                                              |

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: *James O. Shimeall* **JAMES O. SHIMEALL** 2-21-05 (352) 384-1902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #