

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90019 015 ****61.25

DOCUMENT # N20002

1. Entity Name

COVENANT CHURCH OF GAINESVILLE, INC.



Principal Place of Business

3115 NW 16TH AVE.
GAINESVILLE FL 32605

Mailing Address

3115 NW 16TH AVE.
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)



4. FEI Number

59-2809386

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

MORGAN, JOE D
3115 NW 16TH AVE.
GAINESVILLE FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, hand or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 CDT ☐ Delete
NAME MARKS, RON
STREET ADDRESS 2736 NW 22ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DT ☒ Delete
NAME SHIMEALL, JIM
STREET ADDRESS 6550 NW 21ST BLVD
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE DT ☒ Delete
NAME HOPE, EDWINA
STREET ADDRESS 1919 NW 4TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE SDT ☒ Delete
NAME BENZ, LARRAINE
STREET ADDRESS 9805 SW 37TH ROAD
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DT ☐ Delete
NAME SKILES, JIM
STREET ADDRESS 1605 NW 71ST STREET
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Change ☒ Addition
NAME VERNON McREE
STREET ADDRESS 1501 NW 43RD TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DT ☐ Change ☒ Addition
NAME JOE MORGAN
STREET ADDRESS 3115 NW 16TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Joe D. Morgan