FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48159** **(0)**

1. Corporation Name

COVENANT CHURCH OF AMERICA, INC.

Principal Place of Business	Mailing Address
10330 LITTLE RD COUNTY RD #1 NEW PORT RICHEY FL 34654 US	P O BOX 6054 HUDSON FL 34674 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1992**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-3119874** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUDSON, DORIS REV
10330 LITTLE RD
COUNTY RD #1
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☐ Change ☐ Addition
NAME	HUDSON, DORIS	12 NAME	HUDSON, DORIS (N/A)
STREET ADDRESS	P O BOX 6054	13 STREET ADDRESS	P.O. Box 6054
CITY-ST-ZIP	HUDSON FL	14 CITY-ST-ZIP	Hudson, FL. 34674
TITLE	DT	21 TITLE	DT ☐ Change ☐ Addition
NAME	HUDSON, GLORIA	22 NAME	HUDSON, GLORIA (N/A)
STREET ADDRESS	P O BOX 6054	23 STREET ADDRESS	P.O. Box 6054
CITY-ST-ZIP	HUDSON FL	24 CITY-ST-ZIP	HUDSON, FL. 34674
TITLE	DS	31 TITLE	DS ☐ Change ☐ Addition
NAME	HUDSON, MARK	32 NAME	HUDSON, MARK (N/A)
STREET ADDRESS	~~10205 MAHOGANY DR~~ P.O. Box 6054	33 STREET ADDRESS	P.O. Box 6054
CITY-ST-ZIP	~~BOYNTON BEACH FL~~ Hudson, FL. 34674	34 CITY-ST-ZIP	Hudson, FL. 34674
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	SEWARD, GAY	42 NAME	Seward, GAY
STREET ADDRESS	282 PIONEER AVE NE	43 STREET ADDRESS	282 Pioneer Ave. N.E.
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	PALM BAY, FL. 32907
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	REDFIELD, CHARLENE	52 NAME	Redfield, Charlene
STREET ADDRESS	1001 BRIGADOON CIR	53 STREET ADDRESS	1001 Brigadoon Cir.
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	SEWARD, STAN	62 NAME	Seward, STAN
STREET ADDRESS	282 PIONEER AVE NE	63 STREET ADDRESS	282 Pioneer Ave, N.E.
CITY-ST-ZIP	PALM BAY FL	64 CITY-ST-ZIP	PALM BAY, FL. 32907

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attached report with an addition.

SIGNATURE: Doris Hudson 5/4/95 813 868-9193
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0087979