

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **03/30/1992** 3a. Date of Last Report **05/01/1995**  
 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**  
 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 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 **600001886476**  
**-07/08/96--01059--023**  
 84 City **\*\*\*61.25** **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HUDSON, DORIS	1.1 TITLE	HUDSON, DORIS
NAME	HUDSON, DORIS	1.2 NAME	PO Box 6054 NA
STREET ADDRESS	P O BOX 6054	1.3 STREET ADDRESS	HUDSON, FL. 34674
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	DT HUDSON, GLORIA	2.1 TITLE	HUDSON, GLORIA
NAME	HUDSON, GLORIA	2.2 NAME	PO BOX 6054 NA
STREET ADDRESS	P.O. BOX 6054 N/A	2.3 STREET ADDRESS	HUDSON, FL 34674
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	
TITLE	DS HUDSON, MARK	3.1 TITLE	HUDSON, MARK
NAME	HUDSON, MARK	3.2 NAME	PO BOX 6054 NA
STREET ADDRESS	P.O. BOX 6054 N/A	3.3 STREET ADDRESS	HUDSON, FL 34674
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	D SEWARD, GAY	4.1 TITLE	New Address:
NAME	SEWARD, GAY	4.2 NAME	SEWARD GAY
STREET ADDRESS	262 PIONEER AVE NE	4.3 STREET ADDRESS	599 Fern Ave. N.E.
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	PALM BAY FL
TITLE	D REDFIELD, CHARLENE	5.1 TITLE	Redfield, Charlene
NAME	REDFIELD, CHARLENE	5.2 NAME	1001 BRIGADOON CIR
STREET ADDRESS	1001 BRIGADOON CIR	5.3 STREET ADDRESS	CLEARWATER, FL.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D SEWARD, STAN	6.1 TITLE	New Address:
NAME	SEWARD, STAN	6.2 NAME	SEWARD STAN
STREET ADDRESS	262 PIONEER AVE NE	6.3 STREET ADDRESS	599 Fern Ave. N.E.
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	PALM BAY, FL.

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CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	DT HUDSON, GLORIA	2.1 TITLE	HUDSON, GLORIA
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CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	
TITLE	DS HUDSON, MARK	3.1 TITLE	HUDSON, MARK
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TITLE	D SEWARD, STAN	6.1 TITLE	New Address:
NAME	SEWARD, STAN	6.2 NAME	SEWARD STAN
STREET ADDRESS	262 PIONEER AVE NE	6.3 STREET ADDRESS	599 Fern Ave. N.E.
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	PALM BAY, FL.

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/9/96 813-868-9193  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)