

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716296

1. Corporation Name

COVENANT PRESBYTERIAN CHURCH OF WINTER PARK, INC

Principal Place of Business

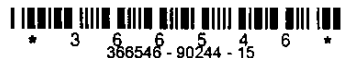
7540 GRAND AVE.
WINTER PARK FL 32792
US

Mailing Address

7540 GRAND AVE.
WINTER PARK FL 32792
US

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90244 015 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/02/1969

4. FEI Number

59-1404353

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

9. Name and Address of Current Registered Agent

LEIGH, RICHARD A
1801 LEE RD
STE 360
WINTER PARK FL 32789

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FITZGERALD, JIM**
STREET ADDRESS **3600 N CHICKASAW TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **D LANPHEAR, RON**
STREET ADDRESS **9865 LAKE GEORGIA DR**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ DELETE
NAME **DP BEATES, MIKE**
STREET ADDRESS **6724 TOTTENHAM COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **T BEAVER, TIMOTHY**
STREET ADDRESS **609 OAK MANOR CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **SD WILLIS, SCOTT**
STREET ADDRESS **807 PONDEROSA PINE CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **SD WILLIS, SCOTT**
STREET ADDRESS **807 PONDEROSA PINE CT**
CITY-ST-ZIP **ORLANDO FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: *James Fitzgerald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 671-8080

0015976

CR2E037 (11/98)