2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **716296** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name COVENANT PRESBYTERIAN CHURCH OF WINTER PARK, INC 04-19-2000 90086 002 ****61.25 Principal Place of Business Mailing Address 7540 GRAND AVE. 7540 GRAND AVE. WINTER PARK FL 32792-7339 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-1404353 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEIGH, RICHARD A 1801 LEE RD **STE 360** City Zip Code FL WINTER PARK FL 32789 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ☐ Delete TITLE TITLE Fitzgerald, Jim NAME FITZGERALD, JIM NAME 5586 Ligustrum Loop STREET ADDRESS STREET ADDRESS 3600 N CHICKASAW TRAIL Oriedo, FL 32765 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 5D **Addition** ☐ Change ☐ Delete TITLE TITLE Oliver, Randy NAME LANPHEAR, RON NAME 4164 Plantation Cove Drive Orlando, FL 32810 STREET ADDRESS STREET ADDRESS 9865 LAKE GEORGIA DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 DΡ ☐ Delete Change Addition DP TITLE TITLE Beates, mike NAME BEATES, MIKE NAME 3043 Nicholson Drive STREET ADDRESS STREET ADDRESS 6724 TOTTENHAM COURT Winter Park, FL 32792 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition TITLE ☐ Delete TITLE Barnes, Robert NAME BEAVER, TIMOTHY NAME 5516 Albert Drive STREET ADDRESS STREET ADDRESS 609 OAK MANOR CIRCLE CITY-ST-ZIP FL 32792 CITY-ST-ZIP Winter Park ORLANDO FL Change Addition TITLE ☐ Delete TITLE Willis, Scott WILLIS, SCOTT MAME 2825 Cedena Cove STREET ADDRESS STREET ADDRESS 807 PONDEROSA PINE CT CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32817 ORLANDO FL TITLE ☐ Delete Change Addition Beaver, Timothy NAME NAME 13135 Lake Live Oak Dr. STREET ADDRESS STREET ADDRESS Orlando, FL 32828 CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

ABEQUIRED MICHAEL S. BEATES 4/11/2000

407-671-808

Daytime Phone #

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