2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# 716296

Entity Name: COVENANT PRESBYTERIAN CHURCH OF OVIEDO, INC.

Current Principal Place of Business:

1231 REFORMATION DR.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 309
GOLDENROD, FL 327330309 US

New Mailing Address:

1231 REFORMATION DRIVE
OVIEDO, FL 32765 US

FEI Number: 59-1404353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 W. MORSE BLVD.
STE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FITZGERALD, JIM	
Address:	5586 LIGUSTRUM LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	LANPHEAR, RON	
Address:	9865 LAKE GEORGIA DR	
City-St-Zip:	ORLANDO, FL 32817	
Title:	DP	( ) Delete
Name:	BEATES, MIKE,	
Address:	3043 NICHOLSON DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	T	( ) Delete
Name:	BEAVER, TIMOTHY	
Address:	13135 LAKE LIVE OAK DRIVE	
City-St-Zip:	ORLANDO, FL 32817	
Title:	D	( ) Delete
Name:	LEIGH, RICHARD	
Address:	2121 SHADY HILL TERRACE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	MCFADDEN, THOMAS G III	
Address:	1304 TWIN RIVERS BLVD.	
City-St-Zip:	OVIEDO, FL 32765	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. BEATES DP 04/24/2006

Electronic Signature of Signing Officer or Director — Date