





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 036 ****61.25

DOCUMENT # 716296 1. Entity Name COVENANT PRESBYTERIAN CHURCH OF OVIEDO, INC.							
Principal Place of Business 1231 REFORMATION DR. OVIEDO, FL 32765 US			Mailing Address 1231 REFORMATION DRIVE OVIEDO, FL 32765 US				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">400000</div>  <div style="margin-top: 10px;"> 04022007 Chg-NP CR2E037 (12/06) </div>			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1404353						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 2em; margin-bottom: 10px;">400000</div>  <div style="margin-top: 10px;"> 04022007 Chg-NP CR2E037 (12/06) </div>			
6. Name and Address of Current Registered Agent LEIGH, RICHARD A 1031 W. MORSE BLVD. STE 350 WINTER PARK, FL 32789						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.						<div style="font-size: 2em; margin-bottom: 10px;">400000</div>  <div style="margin-top: 10px;"> 04022007 Chg-NP CR2E037 (12/06) </div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITZGERALD, JIM 5586 LIGUSTRUM LOOP OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Boardman, Jon 5644 Garden Grove Circle Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANPHEAR, RON 9865 LAKE GEORGIA DR ORLANDO, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sacacas, Mike 3457 Bougainvillea Dr. Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BEATES, MIKE 3043 NICHOLSON DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BEAVER, TIMOTHY 13135 LAKE LIVE OAK DRIVE ORLANDO, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIGH, RICHARD 2121 SHADY HILL TERRACE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCFADDEN, THOMAS G III 1304 TWIN RIVERS BLVD. OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: <i>Richard A. Leigh</i> Richard A. Leigh 4/11/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							