

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90253 042 \*\*\*\*61.25

**DOCUMENT # 716296**

1. Entity Name

**COVENANT PRESBYTERIAN CHURCH OF OVIEDO, INC.**



Principal Place of Business

**7540 GRAND AVE.  
WINTER PARK FL 32792  
US**

Mailing Address

**7540 GRAND AVE.  
WINTER PARK FL 32792  
US**

2. Principal Place of Business

**1231 Reformation Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**1231 Reformation Dr.**

Suite, Apt. #, etc.

City & State

**Oviedo FL**

Zip  
**32765**

Country  
**USA**

City & State

**Oviedo FL**

Zip  
**32765**

Country  
**USA**

4. FEI Number **59-1404353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1031 W. Morse Blvd**

**Suite 350**

City

**Winter Park**

**FL**

Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FITZGERALD, JIM 5586 LIGUSTRUM LOOP OVIEDO FL 32765</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANPHEAR, RON 9865 LAKE GEORGIA DR ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BEATES, MIKE 3043 NICHOLSON DRIVE WINTER PARK FL 32792</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BEAVER, TIMOTHY 13135 LAKE LIVE OAK DRIVE ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIS, SCOTT 2825 CENDENA CORE ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEIGH, RICHARD 2121 SHADY HILL TERRACE WINTER PARK FL 32792</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael S. Beates*

**REQUIRED S. BEATES**

**04/21/03**

**407-678-9801**

CR2E037 (10/02)