

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705721

Entity Name: ROYAL PALM COVENANT CHURCH, INC.**Current Principal Place of Business:**650 ROYAL PALM BEACH BLVD.
SUITE# 9
ROYAL PALM BEACH, FL 33411**Current Mailing Address:**650 ROYAL PALM BEACH BLVD.
SUITE# 9
ROYAL PALM BEACH, FL 33411 US**FEI Number: 59-1563158****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSE, MICHAEL SPASTOR
650 ROYAL PALM BEACH BLVD.
SUITE # 9
ROYAL PALM BEACH, FL 33411 US*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**Officer/Director Detail :**

Title	CHAIRPERSON
Name	ROSE, MICHAEL MR
Address	650 ROYAL PALM BEACH BLVD. SUITE# 9
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	CO PASTOR
Name	ROSE, CAROLYN MRS.
Address	650 ROYAL PALM BEACH BLVD. SUITE# 9
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	FS
Name	CONLIFFE, IRIS MS.
Address	650 ROYAL PALM BEACH BLVD. SUITE# 9
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	TREASURER
Name	WILLIAMS, MYRNA A MRS.
Address	650 ROYAL PALM BEACH BLVD. SUITE# 9
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	SECRETARY, ASST. SECRETARY
Name	ROSE, CAROLYN
Address	650 ROYAL PALM BEACH BLVD. SUITE# 9
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	ASST. FS
Name	GIBSON, ROBERT MR.
Address	650 ROYAL PALM BEACH BLVD. SUITE# 9
City-State-Zip:	ROYAL PALM BEACH FL 33411

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL ROSE**PASTOR****03/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date