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FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703079 (4)

1. Corporation Name

COVENANT PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

8084 NORMANDY BLVD  
JACKSONVILLE FL 32221

8084 NORMANDY BLVD  
JACKSONVILLE FL 32221-6647



3. Date Incorporated or Qualified  
10/26/1961

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1306252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, HELEN  
7768 PINNACLE DRIVE  
JACKSONVILLE FL 32221

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MILLER, HELEN  
STREET ADDRESS 7768 PINNACLE DR.  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MILLER, HELEN  
1.3 STREET ADDRESS 7768 PINNACLE DR.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32221

VD ☐ DELETE

NAME DONOVAN, BOB  
STREET ADDRESS 8604 GRAYBAR DR.  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ACREE, CRAIG  
2.3 STREET ADDRESS 8585 PEBBLE ST.  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32221

D ☐ DELETE

NAME MAY, TOM  
STREET ADDRESS 535 MANSON LN.  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME DONOVAN, BOB  
3.3 STREET ADDRESS 8604 GRAYBAR DR.  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32221

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

\$61.25 BANK

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)