


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703079 (4)
 1. Corporation Name
COVENANT PRESBYTERIAN CHURCH, INC.



Principal Place of Business 8084 NORMANDY BLVD JACKSONVILLE FL 32221	Mailing Address 8084 NORMANDY BLVD JACKSONVILLE FL 32221
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3. Date Incorporated or Qualified
10/26/1961

4. FEI Number
59-1306252

Applied For	Not Applicable
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21. Principal Place of Business SAME AS ABOVE	2a. Mailing Address SAME AS ABOVE
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. City & State	27. City & State
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7. Is this nonprofit corporation a homeowners association? Yes No

24. Zip	25. Country	29. Zip	30. Country
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MILLER, HELEN
7768 PINNACLE DRIVE
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T MILLER, HELEN 7768 PINNACLE DR. JACKSONVILLE FL 32221	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD DONOVAN, BOB 8604 GRAYBAR DR. JACKSONVILLE FL 32221	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MAY, TOM 535 MANSON LN. JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ACREE, CRAIG 8585 PEBBLE ST. JACKSONVILLE FL 32221	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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.

SIGNATURE: CRAIG ACREE **REQUIRE CERTAIN ACREE, TRES 1/1/98 904-783-1186**

CR2E037 (10/97)