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Feb 05, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703079

Corporation Name

COVENANT PRESBYTERIAN CHURCH, INC.

Principal Place of Business

NORMANDY BLVD
JACKSONVILLE FL 32221

Mailing Address

8084 NORMANDY BLVD
JACKSONVILLE FL 32221



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/26/1961

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1306252

Applied For

☒ Not Applicable

City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Country

28 Country

Zip

Country

29

30

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELEN, 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

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
MILLER, HELEN
7768 PINNACLE DR.
JACKSONVILLE FL 32221

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10/26/1961

☐ Change

☐ Addition

VD
DONOVAN, BOB
8604 GRAYBAR DR.
JACKSONVILLE FL 32221

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

D
MAY, TOM
535 MANSON LN.
JACKSONVILLE FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

T
ACREE, CRAIG
8585 PEBBLE ST.
JACKSONVILLE FL 32221

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

D
MILLER, HELEN
7768 PINNACLE DR.
JACKSONVILLE FL 32221

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

VD
MILLER, HELEN
7768 PINNACLE DR.
JACKSONVILLE FL 32221

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 stated 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRAIG ACREE, PRES. 1-14-99 9047831186

CR2E037 (11/98)