

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703079

1. Entity Name

COVENANT PRESBYTERIAN CHURCH, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90037 033 ****61.25

Principal Place of Business

Mailing Address

8084 NORMANDY BLVD
JACKSONVILLE FL 32221

8084 NORMANDY BLVD
JACKSONVILLE FL 32221-6647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1306252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, HELEN
7768 PINNACLE DRIVE
JACKSONVILLE FL 32221

Name

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

City

FL

Zip Code

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MILLER, HELEN
STREET ADDRESS 7768 PINNACLE DR.
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DONOVAN, BOB
STREET ADDRESS 8604 GRAYBAR DR.
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE SD ☐ Change ☒ Addition
NAME ROGER E BARR
STREET ADDRESS 7731 MARINER ST
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE T ☒ Delete
NAME AGREE, CRAIG
STREET ADDRESS 8585 PEBBLE ST.
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE T ☐ Change ☒ Addition
NAME NANCY R. ANSON
STREET ADDRESS 2534 Old Middleburg Rd.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Helen Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2000

Date

Daytime Phone #

CR2E037 (9/99)