

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710474

1. Entity Name

COVENANT CHURCH PROPERTY HOLDING ASSOCIATION, I

Principal Place of Business

1410 DUNDEE RD.
WINTER HAVEN FL 33884-1010

Mailing Address

1410 DUNDEE RD.
WINTER HAVEN FL 33884-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6592865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIDDON, POTTER
523 W LAKE ELBERT DR
WINTER HAVEN FL 33880

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
NAME PD
STREET ADDRESS MAROTTI, ROBERT
CITY-ST-ZIP 12500 OLD GRADE RD
POLK CITY FL 33868 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS SWEET, JAMES
CITY-ST-ZIP 10 BRODGEN CT., SE
WINTER HAVEN, FL 00000 33880 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS IRBY, TIM
CITY-ST-ZIP 1893 ELOISE LOOP RD
WINTER HAVEN FL 33884 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS WAYNE WHEELER
CITY-ST-ZIP 603 14TH ST N.E.
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME D
STREET ADDRESS CHARLES YOUTSEY
CITY-ST-ZIP 108 OAKRIDGE LANE SE
WINTER HAVEN FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WAYNE WHEELER 02/12/2001 863-326-1147

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90078 049 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)