

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90279 036 ***61.25

DOCUMENT # 710474

1. Entity Name

COVENANT CHURCH PROPERTY HOLDING ASSOCIATION, NC.



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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **MAROTTI, ROBERT**
STREET ADDRESS **12500 OLD GRADE RD**
CITY-ST-ZIP **POLK CITY, FL 33868**

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

TITLE **PD** ☐ Change ☒ Addition
NAME **WAYNE WHEELER**
STREET ADDRESS **744 CANBERRA RD**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

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

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

TITLE **STD** ☐ Delete
NAME **COLLINS, DAVE**
STREET ADDRESS **115 BUCHANAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE **D** ☐ Delete
NAME **MACCREA, RICHARD**
STREET ADDRESS **3942 THORDHILL ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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: **Robert Marotti** **ROBERT MAROTTI** 08/04/03 863-984-4455

CR2E037 (4/03)