

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

3-295 - 6-1753XC

APPROVED AND FILED

95 MAR -2 PM 2: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # 711715 (3)  
 1. Corporation Name  
 COMMUNITY COVENANT CHURCH OF ST. PETERSBURG, FLO RIDA, INC.

Principal Place of Business Mailing Address  
 4501 30TH AVE NORTH 4501 30TH AVE NORTH  
 ST PETERSBURG FL 33713 ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 10/28/1966  
 3a. Date of Last Report 03/25/1994  
 4. FEI Number 59-1729242  
 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
 RANDALL, GAY  
 8101 29TH AVE, NORTH  
 ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AZMITIA, AL
STREET ADDRESS	4400 23RD AVE, NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V
NAME	SWANSON, FRED
STREET ADDRESS	4300 36TH AVE, NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	T
NAME	RANDALL, GAY
STREET ADDRESS	8101 29TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	VETVICK, NORMAN
STREET ADDRESS	3622 100TH TERR, N., UNIT 4
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	S
NAME	LONGO, JOAN
STREET ADDRESS	712 LYNDALE ST, NO
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRUMM, ROBERT
2.3 STREET ADDRESS	6460 40th Ave., N.
2.4 CITY-ST-ZIP	St. Petersburg, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LONGO, Augustus
5.3 STREET ADDRESS	712 Lyndale St. N.
5.4 CITY-ST-ZIP	St. Pete, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Al Azmitia Gay W. Randall 2/23/95 813-347-9991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)