

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711715 (3)

1. Corporation Name

COMMUNITY COVENANT CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business

Mailing Address

4501 30TH AVE NORTH  
ST PETERSBURG FL 33713

4501 30TH AVE NORTH  
ST PETERSBURG FL 33713

3. Date Incorporated or Qualified

10/28/1966

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1729242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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

81 Name

JAYNE, DONALD

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

218 DOGWOOD CIRCLE

83

84 City

SEMINOLE

FL

85 Zip Code

34647

11. 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 officer 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Donald L. Jayne*  
Signature, typed or printed name of registered agent and title if applicable.

DONALD L. JAYNE TREASURER

(NOTE: Registered Agent signature required when reinstating)

3/14/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AZMITIA, AL	
STREET ADDRESS	4400 23RD AVE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRUMM, ROBERT	
STREET ADDRESS	6460 40TH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RANDALL, GAY	
STREET ADDRESS	8101 29TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VETVICK, NORMAN	
STREET ADDRESS	3622 100TH TERR, N., UNIT 4	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LONGO, AUGUSTUS	
STREET ADDRESS	712 LYNDAL ST, NO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LONGO, AUGUSTUS	
1.3 STREET ADDRESS	712 LYNDAL ST. NORTH	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KIRKWOOD, JACK	
2.3 STREET ADDRESS	34259 CANAL DRIVE	
2.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAYNE, DONALD	
3.3 STREET ADDRESS	218 DOGWOOD CIRCLE	
3.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHANZENBACH, OTTO	
4.3 STREET ADDRESS	4615 31ST AVE. NORTH	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PUGH, CLARICE	
5.3 STREET ADDRESS	2401 43RD ST. NORTH	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald L. Jayne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96  
Date

813-525-8485  
Daytime Phone #

CR2E037 (12/95)