


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

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711715 (3)**

1. Corporation Name  
**COMMUNITY COVENANT CHURCH OF ST. PETERSBURG, FLO RIDA, INC.**



Principal Place of Business <b>4501 30TH AVE NORTH ST PETERSBURG FL 33713</b>	Mailing Address <b>4501 30TH AVE NORTH ST PETERSBURG FL 33713</b>
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3. Date Incorporated or Qualified  
**10/28/1966**

4. FEI Number  
**59-1729242**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip Country  
**24**

Country  
**25**

Zip Country  
**29**

Country  
**30**

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**JAYNE, DONALD  
218 DOGWOOD CIRCLE  
SEMINOLE FL 34647**

10. Name and Address of New Registered Agent  
**81 Name Roger K. Hartmann  
82 Street Address (P.O. Box Number is Not Acceptable) 7711 DOVER COURT North  
83  
84 City St. Petersburg FL 85 Zip Code 33709**

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 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 617.0503, Florida Statutes.

SIGNATURE **ROGER K. HARTMANN TREASURER** *Roger K. Hartmann* **3/15/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LONGO, AUGUSTUS</b>	
STREET ADDRESS	<b>712 LYNNDALE STREET NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VETVICK, NORMAN</b>	
STREET ADDRESS	<b>3622-100TH TERRACE N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>J</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JAYNE, DONALD</b>	
STREET ADDRESS	<b>218 DOGWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KRUMM, ROBERT</b>	
STREET ADDRESS	<b>6400-40TH AVE N #2</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>METTETAL, BONNE</b>	
STREET ADDRESS	<b>4601-22ND AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Roger K. Hartmann</b>
3.3 STREET ADDRESS	<b>7711 DOVER CT. No-</b>
3.4 CITY-ST-ZIP	<b>ST. PETERS, FL 33709</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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: *Roger K. Hartmann* **ROGER K. HARTMANN TRSR.** **3/15/98 546-9525**

CR2E037 (10/97)