


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90066 031 \*\*\*\*70.00

<b>DOCUMENT # 711715</b>					
1. Entity Name COMMUNITY COVENANT CHURCH OF ST. PETERSBURG, FLORIDA, INC.					
Principal Place of Business 4501 30TH AVE NORTH ST PETERSBURG, FL 33713			Mailing Address 4501 30TH AVE NORTH ST PETERSBURG, FL 33713		
2. Principal Place of Business		3. Mailing Address <i>5729 45th Ave N</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>KENNETH CITY FL</i>		4. FEI Number <b>59-1729242</b>	
Zip	Country	Zip <i>33709</i>	Country <i>U.S.</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KRUMM, JANET 5729 45TH AVE N KENNETH CITY, FL 33709			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Janet Krumm</i>		<i>Janet Krumm</i>		DATE <i>2-7-05</i>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUMM, JANET	NAME			
STREET ADDRESS	5729 45TH AVE N	STREET ADDRESS			
CITY-ST-ZIP	KENNETH CITY, FL 33709	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUMM, ROBERT	NAME			
STREET ADDRESS	5729 45TH AVE N	STREET ADDRESS			
CITY-ST-ZIP	KENNETH CITY, FL 33709	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIERICKE, KURT	NAME			
STREET ADDRESS	1759 W BROADWAY ST SUITE 7	STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP			
TITLE	<i>Secretary</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>Bonnie Meffatal</i>	NAME			
STREET ADDRESS	<i>6457 32nd Ave N</i>	STREET ADDRESS			
CITY-ST-ZIP	<i>ST Petersburg FL 33710</i>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Janet Krumm</i>		<i>Janet Krumm</i>		DATE <i>2-7-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50019767



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