

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712269

1. Entity Name

THE COVENANT PRESBYTERIAN CHURCH OF WINTER HAVEN

Principal Place of Business

1410 DUNDEE
WINTER HAVEN FL 33884-1010

Mailing Address

1410 DUNDEE
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

59-1113648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, WAYNE H.
603 14TH ST., NE
WINTER HAVEN FL 33881

Name

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

744 CANBERRA RD

City

WINTER HAVEN

FL

Zip Code

33884

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BROOKS, BEACH A.
STREET ADDRESS 189 LAKE OTIS RD., SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Change ☒ Addition
NAME URBINGEN, ROEL
STREET ADDRESS 380 PATTERSON RD, WEST
CITY-ST-ZIP AMES CITY FL 33844

TITLE VD ☐ Delete
NAME YOUTSEY, CHARLES
STREET ADDRESS 285 17TH ST NE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE SD ☒ Delete
NAME JONES, DAN T.
STREET ADDRESS 117 SHELLEY DR SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD ☐ Change ☒ Addition
NAME IRBY, TIM
STREET ADDRESS 1893 ELOISE LOOP RD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE T ☐ Delete
NAME GUTTERIDGE, BETTY M.
STREET ADDRESS 715 ELIZABETH LANE
CITY-ST-ZIP AUBURNDAL FL

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

TITLE D ☐ Delete
NAME WHEELER, WAYNE H.
STREET ADDRESS 603 14 ST. N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 744 CANBERRA RD
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:

Betty M Gutteridge
BETTY M GUTTERIDGE

4-18-2000

863-294-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)