

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90050 046 ****61.25

DOCUMENT # 712269

1. Entity Name

THE COVENANT PRESBYTERIAN CHURCH OF WINTER HAVEN, INC.



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.
744 CANBERRA ROAD
WINTER HAVEN FL 33884**

Name

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

City

FL

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

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARATTI, ROBERT**
STREET ADDRESS **12500 OLD GRADE RD**
CITY-ST-ZIP **POLK CITY FL 33868**

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

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

TITLE **PD** ☐ Delete
NAME **WHEELER, WAYNE H.**
STREET ADDRESS **744 CANBERRA ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **SD** ☐ Delete
NAME **JONES, DAN**
STREET ADDRESS **117 SHELLEU DR SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Wayne H. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04 863 2946900