

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90152 049 ****61.25

0014083

DOCUMENT # 712269

1. Entity Name
THE COVENANT PRESBYTERIAN CHURCH OF WINTER HAVEN, INC.



Principal Place of Business Mailing Address
1410 DUNDEE **1410 DUNDEE**
WINTER HAVEN FL 33884-1010 **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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WHEELER, WAYNE H.
744 CANBERRA ROAD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
NAME	MARATTI, ROBERT	
STREET ADDRESS	12500 OLD GRADE RD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUTSEY, CHARLES	
STREET ADDRESS	285 17TH ST NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	IRBY, TIM	
STREET ADDRESS	1893 ELOISE LOOP RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTTERIDGE, BETTY M.	
STREET ADDRESS	715 ELIZABETH LANE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, WAYNE H.	
STREET ADDRESS	744 CANBERRA ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN JONES	
STREET ADDRESS	117 SHELLEY DR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** Date: *09/31/03* Phone #: *863-967-2948*

CR2E037 (4/03)