# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2004 8:00 am**
**Secretary of State**
04-21-2004 90089 002 ****61.25

44032899

DOCUMENT # 716296

1. Entity Name
COVENANT PRESBYTERIAN CHURCH OF OVIEDO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1231 REFORMATION DR.<br>OVIEDO, FL 32765 US | 1231 REFORMATION DR.<br>OVIEDO, FL 32765 US |

01112004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | P.O. Box 309<br>Suite, Apt. #, etc. |
| City & State | City & State: Goldenrod FL |
| Zip / Country | Zip: 32733-0309 / Country: US |

4. FEI Number: 59-1404353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEIGH, RICHARD A
1031 W. MORSE BLVD.
STE 350
WINTER PARK, FL 32789

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FITZGERALD, JIM<br>5586 LIGUSTRUM LOOP<br>OVIEDO, FL 32765 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LANPHEAR, RON<br>9865 LAKE GEORGIA DR<br>ORLANDO, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>BEATES, MIKE<br>3043 NICHOLSON DRIVE<br>WINTER PARK, FL 32792 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BEAVER, TIMOTHY<br>13135 LAKE LIVE OAK DRIVE<br>ORLANDO, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIS, SCOTT<br>2825 CENDENA CORE<br>ORLANDO, FL 32817 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEIGH, RICHARD<br>2121 SHADY HILL TERRACE<br>WINTER PARK, FL 32792 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Michael S. Beates MICHAEL S. BEATES 04/19/04 407-977-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #