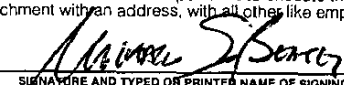


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90089 002 ***61.25

DOCUMENT # 716296 1. Entity Name COVENANT PRESBYTERIAN CHURCH OF OVIEDO, INC.					
Principal Place of Business 1231 REFORMATION DR. OVIEDO, FL 32765 US			Mailing Address 1231 REFORMATION DR. OVIEDO, FL 32765 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 309			
City & State		City & State Goldenrod FL			
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 FITZGERALD, JIM 5586 LIGUSTRUM LOOP OVIEDO, FL 32765		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANPHEAR, RON 9885 LAKE GEORGIA DR ORLANDO, FL 32817		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEATES, MIKE 3043 NICHOLSON DRIVE WINTER PARK, FL 32792		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAVER, TIMOTHY 13135 LAKE LIVE OAK DRIVE ORLANDO, FL 32817		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, SCOTT 2825 CENDENA CORE ORLANDO, FL 32817		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH, RICHARD 2121 SHADY HILL TERRACE 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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04/19/04 Date	407-977-7707 Daytime Phone #

44032899



01112004 Chg-NP CR2E037 (10/03)