

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716296

FILED
Apr 04, 2008
Secretary of State

Entity Name: COVENANT PRESBYTERIAN CHURCH OF OVIEDO, INC.

Current Principal Place of Business:

1231 REFORMATION DR.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1231 REFORMATION DRIVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-1404353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FITZGERALD, JIM
Address: 5586 LIGUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LANPHEAR, RON
Address: 9865 LAKE GEORGIA DR
City-St-Zip: ORLANDO, FL 32817

Title: DP () Delete
Name: BEATES, MIKE,
Address: 3043 NICHOLSON DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: T () Delete
Name: BEAVER, TIMOTHY
Address: 13135 LAKE LIVE OAK DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: LEIGH, RICHARD
Address: 2121 SHADY HILL TERRACE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: MCFADDEN, THOMAS G III
Address: 1304 TWIN RIVERS BLVD.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. BEATES

DP

04/04/2008

Electronic Signature of Signing Officer or Director

Date