

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 726565

1. Entity Name
**COVENANT PRESBYTERIAN CHURCH OF WILTON
MANORS, FLORIDA, P.C.A. INC.**



Principal Place of Business
**, FLORIDA, P.C.A. INC.
512 N.E. 26TH ST.
WILTON MANORS, FL 33305-1141**

Mailing Address
**, FLORIDA, P.C.A. INC.
512 N.E. 26TH ST.
WILTON MANORS, FL 33305-1141**



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0875196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENOIT, RONALD J.
3130 NW 69 ST
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Ronald J. Benoit

(NOTE: Registered Agent signature required when reinstalling)

1/23/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALKEY, SEATON 1106 NW 16 ST FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOUGLAS, GENE 2909 NW 10 AVE WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BENOIT, RONALD J. 3130 NW 69 ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80059-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Ronald J. Benoit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/05
Date

954-563-5784
Daytime Phone #