


**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

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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

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip 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 \$81.25  
Due by May 1, 2008

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

DS  
SESTI, FRANK  
129 NE 29TH ST  
WILTON MANORS, FL 33334

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DT  
BILLINGS, WAYNE  
4816 N. UNIVERSITY DR SUITE 193  
LAUDERHILL, FL 33351

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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TITLE  
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☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DateDaytime Phone #