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APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732257** **(1)**

1. Corporation Name

CHRISTIAN COVENANT COMMUNITY CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
4929 VELDA DAIRY RD. TALLAHASSEE FL 32308	4929 VELDA DAIRY RD. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1975
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1591904 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WILSON, MONTE E., III
1621 CHERRY HILL LANE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Joseph Spiccia
82 Street Address (P.O. Box Number is Not Acceptable): 5367 Carisbrooke Lane
83
84 City: Tallahassee FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Joseph Spiccia — DATE: 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President + Director	☒ Change ☐ Addition
NAME	WILSON, MONTE E., III	1.2 NAME	Joseph Spicca	
STREET ADDRESS	1621 CHERRY HILL LANE	1.3 STREET ADDRESS	5367 Carisbrooke Lane	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	SD	2.1 TITLE	Secretary, Treasurer + Director	☒ Change ☐ Addition
NAME	TROSTLE, JEFFREY A	2.2 NAME	Jeffrey A Trostle	
STREET ADDRESS	9373 BUCK HAVEN TRAIL	2.3 STREET ADDRESS	9373 Buck Haven Tr	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VD	3.1 TITLE	Vice President + Director	☒ Change ☐ Addition
NAME	SCHENDEL, MARK	3.2 NAME	Cliff Nilson	
STREET ADDRESS	2904 WHISKERY COURT	3.3 STREET ADDRESS	6543 man O' War Trail	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Joseph Spiccia — 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional Phone #)

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