SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

CHRISTIAN COVENANT COMMUNITY CHURCH, INCORPORATE

Principal Place of Business Mailing Address



4929 VELDA DAIRY RD. TALLAHASSEE FL 32308				4929 VELDA DAIRY RD. TALLAHASSEE FL 32308								
								3. Date Incorporated or Qualified 03/25/1975		e of Last I 05/01/		
2. Principal Place of Business			2a	2a. Mailing Address				4. FEI Number		Α	pplied For	
21		· ·	26					59-1591904			lot Applicable	1
Suite, Apt. #, etc.			27					5. Certificate of Status Desired			Additional lequired	
City & State	& State			City & State			6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fe			•		
Zip 24	Country Zip			Zip	Gountry 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Re								10. Name and Address of New Registered Agent				
					81 Name							
SPICC	IA, JOSEPH						W	A Young Jr. ss (P.O. Box Number is Not Acceptable				4
5367 CARISBROOKE LANE				82 Street Add			Addres 132	dress (P.O. Box Number is Not Acceptable) 321 Millstream				
-TALLAHASSEE FL-32308 -						83						┪
												╛
						84 City	Ta 1	lahassee	FL		Code:	
11. Pursuant t	to the provisions	of Sections 617.050	2 and 6	17.1508, Florida Statut	es, the at	nove-named	cornor	ation submits this statement for the out	rnose of c	hanging it	s registered	┪
office or re agent. I ai	egistered agent m famil j ar f vith	, or both, in the State and accept the Oplig	of Floric	da. Such change was a f. Section 617.0503. Flo	uthorized orida Stat	d by the corporter.	oration	's board of directors. I hereby accept	the appoin	itment as	registered	
SIGNATURE	11/K\9	Dun/V				Youn						
SIGNATORE :	Signature typed or p			il applicable (NO	TE Registere	d Agent signature	required	when reinstating)	7-12 DATE			
12.		OFF CERS AN	ID DIRE		13.		,	ADDITIONS/CHANGES TO OFFIC	ERS AND			ଅଛି
TITLE	PD C	100EPU		X DELETE	1.1 7	₹TLE	_	PD .	L	Change	Addition	CR2E037 (3/96)
NAME	-SPICCIA,				1.2 N	AME		. A. Young, Jr.				37
STREET ADORESS		RISBROOKE-LANE	-		1.3 S	TREET ADDRESS	1	321 Millstream				
CITY-ST-ZIP		SSEE, FL-00000 -		1 60.00		HTY-ST-ZIP	Т	allahassee, FL	3231	2		_ 꽃
TITLE	STD	TEEDEV A		DELETE	2.1 T	=			E	Change	Addition	۱ ا
NAME		, JEFFREY A			221		ļ					
STREET ADORESS	TALLAHA	CK HAVEN TRAIL			2.3 S	TREET ADDRESS						
CITY-ST-ZIP	VPD	SOEE FL		X DELETE		CITY-ST-ZIP		7.5		10	dank saare	
TITLE	- NILSON-	CHEE		[V] nerrete	311			PD	L	Change	XX Addition	1
NAME		AN O'WAR IRAIL				IAME		ichael Tillotson	• -			
STREET ADDRESS	- IALLAHA	-				TREET ADDRESS		216 Chickasaw Tra				
CITY-ST-ZIP TITLE				DELETE	3.4. (4.1 T	CITY - ST - ZIP		allahassee, FL	12312	Change	Addition	-
NAME				I Deceie	L			PD	L		Addition	
STREET ADDRESS					- 6	NAME		hilip Sheats				
					1	TREET ADDRESS		oute 4, Box 4692				
CITY-ST-ZIP TITLE				DELETE	4.4 C	ITY-ST-ZIP	T	allahassee, FL 3	12344	Change	Addition	-
NAME					- I	IAME					L reduiton	'
STREET ADDRESS					- 6	TREET ADDRESS						
CITY-ST-ZIP						CITY-ST-ZIP						
TITLE				DELETE	5.4 U		 -		· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME				U		IAME						
STREET ADDRESS						TREET ADDRESS	1					
CiTY-ST-ZIP						CITY-SI-ZIP						
	hy certify that th	e information supplie	d with th	nie filing ie voluntarily f			qualif	for the exemption stated in Section 1	10 07/3\/\	Elorido C	Statutos I	╡

ruo interby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(K), Florida Statutes. If further certify that the information indicated on this annual report or suppliemental 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:

OT PER OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

7-12-96 Davtime Phone #