FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 732257**

(1)

CHRISTIAN COVENANT COMMUNITY CHURCH, INCORPORATE					A SERVICE AND REAL PROPERTY LINES AND				
D									
Principal Place	e of Business	Mailing Address						A DIVINO	
4929 VELDA DAIRY RD. 4929 VELDA DAIRY RD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-6805					,				
						3. Date incorporated or Qualified 03/25/1975	3a. Date 0	18/199	
2. Principal Pa	lace of Business	2a. Mailing Address			4. FEI Number -59-1591904-59-158	31904		oplied For of Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A	Additional equired	
City & State	3	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution		Added t		
Zip 24			\vdash	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes YNo			
24		25 29 30 me and Address of Current Registered Agent			·	10. Name and Address of New Registered Agent			
				81 1	Name		T		
YOUNG,, W A JR				82 5	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
1321 MILLSTREAM			Ĺ	_1_					
TALLAHASSEE FL 32312			1	B3					
				84 (City	<u></u>	FL ⁸	5 Zip (Code
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 617.1508, Florida Statut of Florida, Such change was ations of Section 617.0503, Fl	es, the ab authorized orida Stati	ove-n l by th	named corpo ne corporatio	ration submits this statement for the p in's board of directors. I hereby accep		inging its ment as	s registered registered
SIGNATURE									
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT D DIRECTORS	E Registered	Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CDC AND DII	DECTOR	DC IN 10
12. TITLE	PO OFFICERS AIN	DELETE	1.1 TIT	ı F		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME			1.2 NA					C. Mgo	
STREET ADDRESS	400 4 4 4 11 1 AWAM 4 4 4			1.3 STREET ADDRESS					Ì
CiTY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CF		ZIP				
TITLE	STD	☐ DELETE	2.1 TiT	LE				Change	Addition
NAME	TROSTLE, JEFFREY A		2.2 NA	ME	ĺ				
STREET ADDRESS	9373 BUCK HAVEN TRAIL		2.3 STF	REET AD	ORESS]
CITY - ST - ZIP	TALLAHASSEE FL	☐ DELETE		TY-ST-:	ZIP			<u> </u>	1.0000
TITLE	VPD	TTI DETEIG	3.1 T/T		- }			Change	☐ Addition }
NAME	TILLOTSON, MICHAEL 8216 CHICKASAW TRAIL		3.2 NAI		porce				
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL 32312		1	REET AD TY-ST-:	1				
TITLE	VPD	DELETE	4.1 TIT		ZIP			Change	☐ Addition
NAME	SHEATS, PHILIP		4. 2 NA		İ				
STREET ADDRESS	ROUTE 4 BOX 4692			REET AD	DRESS				İ
CITY - ST - ZIP	TALLAHASSEE FL 32344			Y-ST-7	1				
TITLE		☐ DELETE	5.1 TIT					Change	Addition
NAME			5.2 NA	ME	}				
STREET ADDRESS			5.3 ST	REET AD	DRESS				
CITY - ST - ZIP				Y-\$T-Z	ZIP				
TITLE		☐ DELETE	6.1 TIT				Ц	Change	Addition
NAME			6.2 NA		ļ				ļ
STREET ADDRESS				REET AD					
CITY-ST-ZIP			6.4 CIT	Y-ST-7	ZIP				

14. I do hereby certify that the information supplied with this filing 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 or chapter or on an attachment with an address.

FILED

Feb 04 1997 8:00am

Secretary of State