


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90062 016 ****61.25

DOCUMENT # 737935

1. Entity Name
COMMUNITY COVENANT CHURCH OF SPANISH LAKES, INC.



Principal Place of Business Mailing Address

**1340 NORTH TAMiami TRAIL
 NOKOMIS FL 34275
 US** **157 SANIBEL
 NOKOMIS FL 34275
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**WALTON, HELEN A.
 157 SANIBEL
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	WALTON, HELEN, A	
STREET ADDRESS	157 SANIBEL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	STEWART, DONALD	
STREET ADDRESS	4904 ITHACA LANE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	STOUT, JOHN	
STREET ADDRESS	343 SANTA CRUZ	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	MD	<input type="checkbox"/> Delete
NAME	HATHAWAY, JEANNE	
STREET ADDRESS	64 LA COSTA	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Floyd Cole	
STREET ADDRESS	381 Sanibel St.	
CITY-ST-ZIP	Nokomis, Fla. 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: Helen A. Walton (HELEN A. WALTON) Date: 2/18/05 Daytime Phone #: 941-488-7607