

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738971** (1)

1. Corporation Name

COVENANT COMMUNITY CHURCH OF F.W.B. INC.

Principal Place of Business

Mailing Address

1007 GOSPEL ROAD
FT. WALTON BCH FL 32547

1007 GOSPEL ROAD
FT. WALTON BCH FL 32547-1247



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1977	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-1713615	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

GRABO, JAMES J
52 CINDERELLA LN.
FT. WALTON BCH FL 32547

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRABO, JAMES J	1.2 NAME	
STREET ADDRESS	52 CINDERELLA LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	TDS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, ELTON R	2.2 NAME	
STREET ADDRESS	1693 DAD'S RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOYD, PHILIP R	3.2 NAME	
STREET ADDRESS	302 PLYMOUTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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: *Edon R. Edwards* / **ELDON R. EDWARDS** 1/27/96 9048631323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078878

CR2E037 (9/96)