

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743721 (3)

1. Corporation Name

ASBURY COVENANT CHURCH, INC.



Principal Place of Business

Mailing Address

31026 COVE ROAD
P.O. BOX 1043
TAVARES FL 32778

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P.O. BOX 1043
TAVARES FL 32778

3. Date Incorporated or Qualified
07/26/1978

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPRAGUE, RICHARD
31026 COVE ROAD
TAVARES FL 32778**

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
NAME **SPRAGUE, RICHARD**
STREET ADDRESS **31026 COVE ROAD**
CITY-ST-ZIP **TAVARES FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MURSCH, WILLIAM F.**
STREET ADDRESS **31050 COVE ROAD**
CITY-ST-ZIP **TAVARES, FL 00000**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **HAAS, ALTA**
STREET ADDRESS **822 DORA AVENUE**
CITY-ST-ZIP **TAVARES, FL 00000**

31 TITLE ☒ Change ☐ Addition
32 NAME **D**
33 STREET ADDRESS **Musselman, Dorothy**
34 CITY-ST-ZIP **2280 W. Hwy. # 44**

TITLE **TD** ☐ DELETE
NAME **DENTON, HOWARD**
STREET ADDRESS **12639 MILWAUKEE AVE**
CITY-ST-ZIP **TAVARES, FL 00000**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SPRAGUE, KENT**
STREET ADDRESS **2120 DURHAM COURT**
CITY-ST-ZIP **MT. DORA FL**

51 TITLE ☐ Change ☐ Addition
52 NAME **D**
53 STREET ADDRESS **Wigglesworth, John**
54 CITY-ST-ZIP **40 Short St.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

Howard Denton

2/21/96 352-343-6548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)