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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

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

3. Date Incorporated or Qualified

07/26/1978

4. FEI Number

59-1834159

Applied For

Not Applicable

2. Principal Place of Business

21 1100 St. Clair Abrams Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 1043

Suite, Apt. #, etc.

City & State

23 Tavares, Florida

Zip

24 32778

Country

25 Lake

City & State

28 Tavares, Florida

Zip

29 32778

Country

30 Lake

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 Howard Denton, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE January 22, 1998

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME MURSCH, WILLIAM F.  
STREET ADDRESS 31050 COVE ROAD  
CITY-ST-ZIP TAVARES, FL 00000

TITLE D ☐ DELETE

NAME MUSSELMAN, DOROTHY  
STREET ADDRESS 2280 W HWY #44  
CITY-ST-ZIP EUSTIS FL

TITLE TD ☐ DELETE

NAME DENTON, HOWARD  
STREET ADDRESS 12639 MILWAUKEE AVE  
CITY-ST-ZIP TAVARES, FL 00000

TITLE D ☐ DELETE

NAME WIGGLESWORTH, JOHN  
STREET ADDRESS 40 SHORT ST  
CITY-ST-ZIP TAVARES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, Treasurer

DATE January 22, 1998

CR2E037 (10/97)