

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90048 011 ****61.25



DOCUMENT # 743721
 1. Entity Name
ASBURY COVENANT CHURCH, INC.

Principal Place of Business Mailing Address
 1100 ST. CLAIR ABRAMS AVE. P.O. BOX 1043
 TAVARES FL 32778 TAVARES FL 32778
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **51-0247940** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MURSCH, WILLIAM F
31026 COVE ROAD
TAVARES FL 32778

7. Name and Address of New Registered Agent
 Name **DONALD E. KEESLING**
 Street Address (P.O. Box Number is Not Acceptable)
1408 HIGHLAND AVE.
 City **TAVARES FL** Zip Code **32778**

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.
DONALD E. KEESLING, TREAS.
 SIGNATURE *Donald E. Keesling, Treas.* **HIS HEALTH (PARKINSONS DISEASE) HE REMAINS AS DIRECTOR & PRESIDENT 05-13-06**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	KEESLING, DON	
STREET ADDRESS	1408 W HIGHLANG AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MURSCH, WILLIAM F.	
STREET ADDRESS	31050 COVE ROAD	
CITY-ST-ZIP	TAVRES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUSSELMAN, DOROTHY	
STREET ADDRESS	2280 W HWY #44	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, ANNA	
STREET ADDRESS	1343 ELKHART CIRCLE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, FRANCES	
STREET ADDRESS	1311 MOHAWK CIRCLE	
CITY-ST-ZIP	TAVARES FL 32778	
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		
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 exemptions contained in Section 119, 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 *Donald E. Keesling, Treas.* **05-13-06** **352-343-0621**