

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746260 (9)

1. Corporation Name

COMMUNITY COVENANT CHURCH OF LAKE WORTH, FLORIDA, INC.



Principal Place of Business

Mailing Address

11929 E. COLONIAL DR.
STE 146
ORLANDO FL 32826
US

11929 E. COLONIA DR.
STE 146
ORLANDO FL 32826
US

3. Date Incorporated or Qualified

03/15/1979

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0456571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, ARTHUR
~~475-B GREENTREE DR~~
~~BOYNTON BEACH FL 33438~~

81 Name

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

4189 Northgate Drive apt. 5

83

84 City Kissimmee

FL

85 Zip Code 34746

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

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | MIKERICKE, KURT | |
| STREET ADDRESS | 815 LAURELCREST DR | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | VCD | <input type="checkbox"/> DELETE |
| NAME | MACFARLANE, ROBERT | |
| STREET ADDRESS | 1510 HIGH RIDGE RD. | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LYNN, EMERSON | |
| STREET ADDRESS | 9221 W. BROWARD BLVD. #2510 | |
| CITY - ST - ZIP | PLANTATION FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LOBDELL, TAIMI | |
| STREET ADDRESS | 1510 HIGH RIDGE RD. | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | CTD | <input type="checkbox"/> DELETE |
| NAME | MACFARLANE, ROBERT | |
| STREET ADDRESS | 1510 HIGH RIDGE RD. | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | LEONARD, BONNIE | |
| STREET ADDRESS | 436 DAVIS RD | |
| CITY - ST - ZIP | PALM SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Miericke

3/4/96

407/381-5789

Date

Daytime Phone #

CR2E037 (12/95)