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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32826-4703 US

3. Date Incorporated or Qualified: 03/15/1979
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

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

ANDERSON, ARTHUR
4189 NORTHFATE DRIVE
APT. 5
KISSIMMEE FL 34746

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

TITLE	CD	☐ DELETE
NAME	MIKERICKE, KURT	
STREET ADDRESS	815 LAURELCREST DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VCD	☐ DELETE
[redacted]		
STREET ADDRESS	1510 HIGH RIDGE RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	☐ DELETE
NAME	LYNN, EMERSON	
STREET ADDRESS	9221 W. BROWARD BLVD. #2510	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	☐ DELETE
NAME	LOBDELL, TAIMI	
STREET ADDRESS	1510 HIGH RIDGE RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CTD	☐ DELETE
NAME	MACFARLENE, ROBERT	
STREET ADDRESS	1510 HIGH RIDGE RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	☐ 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		☐ 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		

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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: [signature] 3-12-97 (407) 977-8449