

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746260 (9)
1. Corporation Name
COMMUNITY COVENANT CHURCH OF LAKE WORTH, FLORIDA, INC.

Principal Place of Business 11929 E. COLONIAL DR. STE 146 ORLANDO FL 32826 US	Mailing Address 11929 E. COLONIAL DR. STE 146 ORLANDO FL 32826 US
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2. Principal Place of Business 21 1759 W. Broadway St. Suite, Apt. #, etc. 22 Suite #7 City & State 23 Oviedo, FL Zip 24 32765	2a. Mailing Address 26 1759 W. Broadway St. Suite, Apt. #, etc. 27 Suite #7 City & State 28 Oviedo, FL Zip 29 32765
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3. Date Incorporated or Qualified 03/15/1979	4. FEI Number 65-0456571	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ANDERSON, ARTHUR
4189 NORTHFATE DRIVE
APT. 5
KISSIMMEE FL 34748**

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 <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, TAMI
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 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 or on an attachment with an address.

SIGNATURE:  3-28-98 407-359-4077

CR2E037 (10/97)