

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90163 018 \*\*\*\*61.25

**DOCUMENT # 746260**

1. Corporation Name

**COMMUNITY COVENANT CHURCH OF LAKE WORTH, FLORIDA  
, INC.**

Principal Place of Business

1759 W. BROADWAY STREET  
SUITE #7  
OVIEDO FL 32765  
US

Mailing Address

1759 W. BROADWAY STREET  
SUITE #7  
OVIEDO FL 32765  
US

220532 - 90163 - 18



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/15/1979

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

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

NAME MACFARLANE, ROBERT  
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, TAMI  
STREET ADDRESS 1510 HIGH RIDGE RD.  
CITY-ST-ZIP LAKE WORTH FL

TITLE CTD ☐ DELETE

NAME MACFARLANE, 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 1820 SENECA BLVD  
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

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 DIRECTOR  
KEVIN BRINTNALL  
3708 VIRGINIA DR  
3.4 CITY-ST-ZIP ORLANDO, FL 32803

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E037 (11/98)

3-11-99 (407) 977-8019