

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769908

1. Corporation Name

COVENANT LOVE CHRISTIAN CENTER, INC.

(5) 98-99 AR

99 OCT -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5114 CONTOURA DR.
ORLANDO FL 32810-1808

Mailing Address

5114 CONTOURA DR.
ORLANDO FL 32810-1808

3. Date Incorporated or Qualified

06/19/1983

4. FEI Number

59-2386005

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 5114 CONTOURA DR

2a. Mailing Address

26 5114 CONTOURA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

Zip

24 32810

Country

25 ORANGE

Zip

29 32810

Country

30 ORANGE

9. Name and Address of Current Registered Agent

SCOTT, DAVID
5114 CONTOURA DR.
ORLANDO FL FL 32810

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 PD ☐ DELETE

NAME SCOTT, DAVID D

STREET ADDRESS 5114 CONTOURA DR

CITY-ST-ZIP ORLANDO FL 32810

TITLE STD ☐ DELETE

NAME SCOTT, BECKY

STREET ADDRESS 5114 CONTOURA DR

CITY-ST-ZIP ORLANDO FL 32810

TITLE VPD ☐ DELETE

NAME SHEAROUSE, RICK

STREET ADDRESS 455 E SPRING TREE WAY

CITY-ST-ZIP LAKE MARY FL 32748

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

SIGNATURE:

DAVID SCOTT

9/28/99

407 295 8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000016

CR25037 (5/98)