

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005635**

1. Entity Name

COVENANT CHRISTIAN SCHOOL FOUNDATION, INC.

Principal Place of Business

**4800 HOWELL BRANCH ROAD
WINTER PARK FL 32792**

Mailing Address

**4800 HOWELL BRANCH ROAD
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3689374

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****LEIGH, RICHARD A
1801 LEE ROAD STE 360
WINTER PARK FL 32789-2165****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **FITZGERALD, JAMES P**
STREET ADDRESS **5586 LIGUSTRUM LOOP**
CITY-ST-ZIP **OVEDO FL 32765**TITLE **D** ☐ Delete
NAME **WILLIS, SCOTT**
STREET ADDRESS **2825 CEDENA COVE**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **P/D** ☒ Change ☐ Addition
NAME **FITZGERALD, JAMES P**
STREET ADDRESS **5586 LIGUSTRUM LOOP**
CITY-ST-ZIP **OVEDO FL 32765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **V/D**
STREET ADDRESS **HOLT, GEORGE W. "JAY"**
CITY-ST-ZIP **5173 POINSETTIA AVENUE
WINTER PARK FL 32792**TITLE ☐ Change ☒ Addition
NAME **S/T/D**
STREET ADDRESS **LEIGH, SHARON**
CITY-ST-ZIP **2121 SHADYHILL TERRACE
WINTER PARK, FL 32792**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **HANSEN, CAROL**
CITY-ST-ZIP **1008 HOWELL BRANCH ROAD
WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Sharon A. Leigh 4/13/01 407-678-9801**FILED
Apr 16, 2001 8:00 am
Secretary of State**

04-16-2001 90263 009 ****61.25

947042

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)