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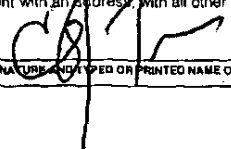
NOT000008103

FILED

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

04 APR 26 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
94050488

DOCUMENT # N01000008103					
1. Entity Name COVENTRY EPISCOPAL CHURCH, INC.					
Principal Place of Business 1 NE FIRST AVENUE SUITE 303 OCALA, FL 34470			Mailing Address 1 NE FIRST AVENUE SUITE 303 OCALA, FL 34470		
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 59-3755904	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TROW, CHESTER J 1 NE FIRST AVENUE SUITE 303 OCALA, FL 34470				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DROULLARD, WILLIAM E 4519 SE 14TH STREET OCALA, FL 34471	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chester J. Trow 1972 Twin Bridge Circle Ocala, FL 34472	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROW, CHESTER J 1972 TWIN BRIDGE CIRCLE OCALA, FL 34471	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOTTIE POHLEVEN 93 Dogwood Loop Ocala, FL 34472	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHETSTONE, CONN 11586 SW 75TH CIRCLE OCALA, FL 34476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jack Simpson 11621 SW 77 Circle Ocala, FL 34476	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300034075303 04/27/04--01041--013 **11.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  4/8/04 352-367-0800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					