
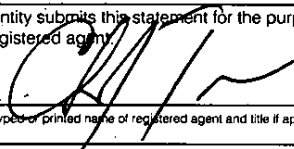
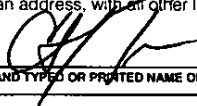


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90027 002 ****61.25

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 21 NORTH MAGNOLIA AVE Suite, Apt. #, etc. SECOND FLOOR		3. Mailing Address 21 NORTH MAGNOLIA AVE Suite, Apt. #, etc. SECOND FLOOR	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34475	Country	Zip 34475	Country
4. FEI Number 59-3755904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 TROW, CHESTER J Street Address (P.O. Box Number is Not Acceptable) 21 NORTH MAGNOLIA AVENUE SECOND FLOOR City OCALA FL Zip Code 34475	
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  DATE 3/16/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TROW, CHESTER 1972 TWIN BRIDGE CIRCLE OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TROW, CHESTER 21 NORTH MAGNOLIA AVE., 2nd FL OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POHLEVEN, DOTTIE 93 DOGWOOD LOOP OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHETSTONE, CONN 11586 SW 75TH CIRCLE OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPSON, JACK 11621 SW 77 CIRCLE OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 an other like empowered.			
SIGNATURE:  2/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			