2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
02-28-2007 90003 011 ****61.25

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1. Entity Name
COVENTRY EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
21N MAGNOLIA AVE 2ND FLOOR OCALA, FL 34475	21N MAGNOLIA AVE 2ND FLOOR OCALA, FL 34475

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3755904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROW, CHESTER J 21 N MAGNOLIA AVE 2ND FLOOR OCALA, FL 34475	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	T TROW, CHESTER 21 N MAGNOLIA AVE 2ND FLOOR OCALA, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Odom, Terry 15440 SE 36th Avenue Summerfield, FL 34491	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POHLEVEN, DOTTIE 93 DOGWOOD LOOP OCALA, FL 34472	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Trow, Barbara 1972 Twinbridge Circle Ocala, FL 34471	☐ 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	PD Whetstone, Conn 11586 SW 75th Circle Ocala, FL 34476	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMPSON, JACK 11621 SW 77 CIRCLE OCALA, FL 34476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Droullard, Carol 4519 SE 14th Street Ocala, FL 34471	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/27/07 352-307-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #