

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008103

FILED
Jul 08, 2008
Secretary of State

Entity Name: COVENTRY EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

21N MAGNOLIA AVE
2ND FLOOR
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

21N MAGNOLIA AVE
2ND FLOOR
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3755904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TROW, CHESTER J
21 N MAGNOLIA AVE
2ND FLOOR
OCALA, FL 34475 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TROW, CHESTER
Address: 21 N MAGNOLIA AVE 2ND FLOOR
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: TROW, BARBARA
Address: 1972 TWINBRIDGE CIR
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: WHETSTONE, CONN
Address: 11586 SW 75TH CIRCLE
City-St-Zip: OCALA, FL 34476

Title: V () Delete
Name: SIMPSON, JACK
Address: 11621 SW 77 CIRCLE
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: ODOM, TERRY
Address: 15440 SE 36TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD () Delete
Name: WHETSTONE, CONN
Address: 11586 SW 75TH CIR
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER J. TROW

RA

07/08/2008

Electronic Signature of Signing Officer or Director

Date