

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009946

1. Entity Name

COVENANT LIFE FELLOWSHIP OF OCALA, INC.



Principal Place of Business

4545 SE 57TH LN
OCALA FL 34480

Mailing Address

4545 SE 57TH LN
OCALA FL 34480



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

68-0539648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN A ESQ.
101 E. KENNEDY BLVD., STE. 2700
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

TITLE PD ☐ Delete
NAME OWENBY, TED C
STREET ADDRESS 4545 SE 57TH LN
CITY- ST- ZIP OCALA FL 34480

TITLE STD ☐ Delete
NAME OWENBY, SUSAN
STREET ADDRESS 4545 SE 57TH LN
CITY- ST- ZIP OCALA FL 34480

TITLE D ☐ Delete
NAME OWENBY, ROBERT E
STREET ADDRESS 3624 SE 45TH PLACE
CITY- ST- ZIP OCALA FL 34480

TITLE D ☐ Delete
NAME BROOME, W.L.
STREET ADDRESS 16723 SE 173RD TERRACE, RD
CITY- ST- ZIP WEIRSDALE FL 32195

TITLE D ☐ Delete
NAME WILLIAMS, JOHN A
STREET ADDRESS 23344 DINHURST CT
CITY- ST- ZIP LAND O LAKES FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000878352
CITY- ST- ZIP 04/14/08-80051-020 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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: Susan Owenby Susan Owenby

3-4-08

236-1946
(352) 732-5425