

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04999

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** COVENANT PRESBYTERIAN CHURCH OF SEBRING, INC.

**Current Principal Place of Business:**

4500 SUN N LAKE BLVD  
SEBRING, FL 338722113

**New Principal Place of Business:**

**Current Mailing Address:**

4500 SUN N LAKE BLVD  
SEBRING, FL 338722113

**New Mailing Address:**

**FEI Number:** 59-2441310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREED, MARK E  
325 N COMMERCE AVE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: NUNNALLEE, THOMAS L  
Address: 923 NE LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

Title: TD ( ) Delete  
Name: NUNNALLEE, JO S  
Address: 923 NE LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

Title: SD ( ) Delete  
Name: BREED, MARK  
Address: 325 N COMMERCE AVE  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NUNNALLEE, THOMAS L  
Address: 2431 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

Title: TD (X) Change ( ) Addition  
Name: NUNNALLEE, JO S  
Address: 2431 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK BREED

SD

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date