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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13669

1. Corporation Name

**FIRST EVANGELICAL COVENANT CHURCH OF WINTER PARK
, INC.**

Principal Place of Business
1720 HOWELL BRANCH ROAD
WINTER PARK FL 32789

Mailing Address
1720 HOWELL BRANCH ROAD
WINTER PARK FL 32789



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/04/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-6343014

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAND, BINFORD
528 LIGHTNING TR
MAITLAND FL 32751**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **LAND, ALBERT**
CITY-ST-ZIP **528 LIGHTNING TRAIL**
MAITLAND FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **CD**
1.3 STREET ADDRESS **Yousef, Shirley**
1.4 CITY-ST-ZIP **105 Long Branch Road**
Winter Park, FL 32792

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **YOUSEF, SHIRLEY**
CITY-ST-ZIP **105 LONG BRANCH RD**
WINTER PARK FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **Sassard, Gary**
2.4 CITY-ST-ZIP **606 Beverly Ave.**
Altamonte Springs, FL 32701

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **ALLISON THOMAS**
CITY-ST-ZIP **1718 MAGNOLIA AVE**
WINTER PARK FL 32789

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
3.3 STREET ADDRESS **McDermott, Monica**
3.4 CITY-ST-ZIP **1230 Cheetah Trail**
Winter Springs, FL 32708

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **TURNER, SALLY**
CITY-ST-ZIP **2348 TEMPLE DR**
WINTER PARK FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **T**
4.3 STREET ADDRESS **Turner, John**
4.4 CITY-ST-ZIP **2348 Temple Dr.**
Winter Park, FL 32789

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHANTER, THOMAS T.**
CITY-ST-ZIP **1615 MEADOWGOLD COURT**
WINTERPARK FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Chanter, Thomas T**
5.4 CITY-ST-ZIP **1168 Clinging Vine Pl**
Winter Springs, FL 32708

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LAND, BINFORD**
CITY-ST-ZIP **528 LIGHTNING TRAIL**
MAITLAND FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Thomas Chanter 3/2/99 (407)644-4112

Date

Daytime Phone #

CR2E037 (11/98)