

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

55 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Normam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17769** (3)
1. Corporation Name
COVENANT HARVESTER CHURCH, INCORPORATED

Principal Place of Business Mailing Address
**4300 DUNDEE ROAD, S.E. (SR 542 E.)
P.O. BOX 7785
WINTER HAVEN FL 33884**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/14/1986 **04/27/1994**

4. FEI Number Applied For
59-2733808 Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOARD, SYLVIA
225 CHAUCER LANE, S.E.
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
2606 CREST DR.
03
04 City **HAINES CITY** FL 05 Zip Code **33844**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP BOARD, ROBERT	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARD, ROBERT	12 NAME	
STREET ADDRESS	225 CHAUCER LANE, S.E.	13 STREET ADDRESS	2606 CREST DR,
CITY, ST, ZIP	WINTER HAVEN FL	14 CITY, ST, ZIP	HAINES CITY, FL 33844
TITLE	D CONRAD, RANDY	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, RANDY	22 NAME	
STREET ADDRESS	1311 MEADOW CIRCLE, N.E.	23 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	24 CITY, ST, ZIP	
TITLE	D BOARD, SYLVIA	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARD, SYLVIA	32 NAME	
STREET ADDRESS	225 CHAUCER LANE, S.E.	33 STREET ADDRESS	2606 CREST DR.
CITY, ST, ZIP	WINTER HAVEN FL	34 CITY, ST, ZIP	HAINES CITY, FL 33844
TITLE	DT SMITH, HERMAN, G	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HERMAN, G	42 NAME	
STREET ADDRESS	44 LAKE HOWARD DR SW	43 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	44 CITY, ST, ZIP	
TITLE	DS HAMILTON, PHILIP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, PHILIP	52 NAME	
STREET ADDRESS	1025 S. LK. MARIAM DRIVE	53 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Robert Board Robert Board 4-27-95 813-293-9800
SIGNATURE AND WORD OR PRINTED NAME OF SIGNING OFFICER ON BILLIETHON Date Telephone