

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **11/14/1986**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business 525 AVE. B NW	2a. Mailing Address P.O. BOX 7785	4. FEI Number 59-2733808	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State WINTER HAVEN, FL	28. City & State WINTER HAVEN, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33881	25. Country	29. Zip 33883	30. Country

9. Name and Address of Current Registered Agent BOARD, SYLVIA 2606 CREST DRIVE HAINES CITY FL 33844	10. Name and Address of New Registered Agent 81. Name: RANDY CONRAD 82. Street Address (P.O. Box Number is Not Acceptable): 555 AVE. L N.W. 83. 84. City: WINTER HAVEN FL 85. Zip Code: 33881
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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: Randy Conrad **DIRECTOR/PRESIDENT** DATE: **4-9-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input type="checkbox"/> DELETE	NAME: BOARD, ROBERT	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2606 CREST DRIVE	CITY-ST-ZIP: HAINES CITY FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	NAME: CONRAD, RANDY	2.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1311 MEADOW CIRCLE, N.E.	CITY-ST-ZIP: WINTER HAVEN FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BOARD, SYLVIA	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2606 CREST DRIVE	CITY-ST-ZIP: HAINES CITY FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: DT <input type="checkbox"/> DELETE	NAME: SMITH, HERMAN, G	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 44 LAKE HOWARD DR SW	CITY-ST-ZIP: WINTER HAVEN FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: DS <input type="checkbox"/> DELETE	NAME: HAMILTON, PHILIP	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1025 S. LK. MARIAM DRIVE	CITY-ST-ZIP: WINTER HAVEN FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 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)(k), 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: Randy Conrad **Randy Conrad, Director/Pres.** DATE: **4-26-96** (941) 293-4249
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)