

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90010 016 \*\*\*\*61.25

<b>DOCUMENT # N18741</b> 1. Entity Name <b>COVENANT PRESBYTERIAN CHURCH OF GAINESVILLE, FLORIDA, INC.</b>					
Principal Place of Business <b>1001 N.W. 98 STREET GAINESVILLE, FL 32606</b>			Mailing Address <b>1001 N.W. 98 STREET GAINESVILLE, FL 32606</b>		
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	4. FEI Number <b>59-2199625</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TUCKER, JOHN — 6111 NW 41ST DRIVE GAINESVILLE, FL 32653</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TUCKER, JOHN</b> <b>8111 NW 41ST DRIVE</b> <b>GAINESVILLE, FL 32653</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ALESSI, DEBBI</b> <b>8225 SW 72ND PLACE</b> <b>GAINESVILLE, FL 32608</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RINGDAHL, ERIC</b> <b>5640 SW 88TH CT</b> <b>GAINESVILLE, FL 32608</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BOWERS, DANNY</b> <b>1017 NW 87TH WAY</b> <b>GAINESVILLE, FL 32608</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <b>Robbie Stevens</b> <b>1115 NW 14th Ave</b> <b>Gainesville FL 32606</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MENOHER, DEBBIE</b> <b>2701 NW 103RD WAY</b> <b>GAINESVILLE, FL 32608</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FELTS, DIANNE</b> <b>11831 NW 8TH LANE</b> <b>GAINESVILLE, FL 32608</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 IKA empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/6/2008 352-332-0400 <small>Date Daytime Phone #</small>		