

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N23973

1. Entity Name
COVENANT WORD CHURCH, INC.



Principal Place of Business
5580 McDONALD AVE.
KEY WEST, FL 33040 US

Mailing Address
P.O. BOX 773
KEY WEST, FL 33041

FILED

05 FEB 16 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0013122

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KERR, KEVIN J
6531 MALONEY AVENUE
#14
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KERR, KEVIN J.	
STREET ADDRESS	6531 MALONEY AVE #14	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, JOHN E.	
STREET ADDRESS	6601 NW 34TH AVE	
CITY-ST-ZIP	GOCONUT CREEK, FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KERR, DIANNE, G	
STREET ADDRESS	6531 MALONEY AVE #14	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWARTZENTRUBER, DENNIS	
STREET ADDRESS	28 CALLE LN	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNELL VOSS, R	
STREET ADDRESS	1700 CATHERINE ST 1117 Watson St	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacey McPherson	
STREET ADDRESS	3009 N. ROOSEVELT BLVD #28	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6531 Maloney Ave #3	
STREET ADDRESS	KEY WEST FL 33040	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700047502647	
STREET ADDRESS	03/01/05--01039--023 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6531 Maloney Ave #4	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE SISCO	
STREET ADDRESS	2689 N. ROOSEVELT BLVD #1	
CITY-ST-ZIP	KEY WEST FL 33040	

12. 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 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 like empowered.

SIGNATURE

Dianne Kerr DIANNE KERR

1-31-05

305-292-5582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURER