

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43014

FILED
Jan 19, 2005
Secretary of State

Entity Name: COVENANT UNITED METHODIST CHURCH OF PORT ORANGE, FLORIDA, INC.

Current Principal Place of Business:

3701 S. CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3701 S. CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-2943260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHNEIDER, LEE
2905 TURNBULL BAY RD.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SCHNEIDER, LEE
Address: 2905 TURNBULL BAY RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VCT () Delete
Name: HOLM, GEORGE
Address: 3776 SWEET GROVE CT.
City-St-Zip: PORT ORANGE, FL 32129

Title: ST () Delete
Name: FREEMAN, KATHY
Address: 1808 WRIGHT DR.
City-St-Zip: DAYTONA BEACH, FL 32128

Title: BD () Delete
Name: MACCHIARELLA, SUE T
Address: 6061 RED STAG DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: JAEGER, LEE
Address: 2201 S. PALMETTO
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE A. MACCHIARELLA

BD

01/19/2005

Electronic Signature of Signing Officer or Director

Date