

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46873

FILED
Apr 28, 2009
Secretary of State

Entity Name: CHRIST COVENANT CHURCH, INC.

Current Principal Place of Business:

4700 SW 188 AVE
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

4700 SW 188 AVE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 65-0301254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESTOR, JOSEPH
5740 W. WATERFORD DRIVE
DAVIE, FL 33331 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: D () Delete
Name: COOKE, CHRIS
Address: 15021 N. SAXON CIRCLE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D () Delete
Name: NESTOR, JOSEPH
Address: 5740 W. WATERFORD DRIVE
City-St-Zip: DAVIE, FL 33331

Title: T () Delete
Name: LOROW, NAT JR.
Address: 1134 LAGUNA SPRINGS DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: LAUE, HANS
Address: 1518 NW 183 TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MCNAMARA, PATRICK
Address: 16361 NW 5 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: MCIVER, IAIN STUART
Address: 1206 MEADOWS BLVD
City-St-Zip: WESTON, FL 33026

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
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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 exemption stated 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 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: JOSEPH NESTOR

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date