

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N48159 (0)

1. Corporation Name

COVENANT CHURCH OF AMERICA, INC.



Principal Place of Business

Mailing Address

10330 LITTLE RD  
COUNTY RD #1  
NEW PORT RICHEY FL 34654  
US

P O BOX 6054  
HUDSON FL 34674  
US

3. Date Incorporated or Qualified  
03/30/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number  
59-3119874

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, DORIS REV  
10330 LITTLE RD  
COUNTY RD #1  
NEW PORT RICHEY FL 34654

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 600001886476

84 City

\*\*\*61.25

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HUDSON, DORIS  
P O BOX 6054  
HUDSON FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Hudson, Doris  
P O Box 6054 NA  
Hudson, FL 34674

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
HUDSON, GLORIA  
P.O. BOX 6054 N/A  
HUDSON FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Hudson, Gloria  
P O Box 6054 NA  
Hudson, FL 34674

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
HUDSON, MARK  
P.O. BOX 6054 N/A  
HUDSON FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Hudson, Mark  
P O Box 6054 NA  
Hudson, FL 34674

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SEWARD, GAY  
282 PIONEER AVE NE  
PALM BAY FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
New Address:  
Seward Gay  
599 Fern Ave. N.E.  
PALM BAY FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
REDFIELD, CHARLENE  
1001 BRIGADOON CIR  
CLEARWATER FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Redfield, Charlene  
1001 Brigadoon Cir  
Clearwater, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SEWARD, STAN  
282 PIONEER AVE NE  
PALM BAY FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
New Address:  
Seward Stan  
599 Fern Ave. N.E.  
PALM BAY, FL

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/96

813-868-9193

Daytime Phone #

0015826

CR2E037 (3/96)