

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N48666 (4)**

1. Corporation Name

**CHRIST EVANGELICAL COVENANT CHURCH, INC.**



Principal Place of Business

Mailing Address

**150 EAST BARNES  
EUSTIS FL 32726  
US**

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EUSTIS FL 32726  
US**

3. Date Incorporated or Qualified

**05/01/1992**

3a. Date of Last Report

**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3124980**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**SHAFAR, BOB D  
112 JUNIPER WAY  
TAVARES FL 32778**

81 Name

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

83

84 City

**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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CT** ☒ DELETE  
NAME **DODSWORTH, JIM**  
STREET ADDRESS **30921 DEAL DR**  
CITY-ST-ZIP **SORRENTO FL**

11 TITLE **CT** ☒ Change ☐ Addition  
12 NAME **Craig Boardman**  
13 STREET ADDRESS **811 N Grandview St**  
14 CITY-ST-ZIP **Mt. Dora FL 32757**

TITLE **VCT** ☐ DELETE  
NAME **WHEELER, CLARE**  
STREET ADDRESS **25608 BELL HELENE**  
CITY-ST-ZIP **LEESBURG FL**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **ST** ☒ DELETE  
NAME **CARANGELO, ELEANOR**  
STREET ADDRESS **2065 LAMPLIGHT CIR**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

31 TITLE **S** ☒ Change ☐ Addition  
32 NAME **Joyce Stout**  
33 STREET ADDRESS **411 Barrow Ave**  
34 CITY-ST-ZIP **Tavares FL 32778**

TITLE **TT** ☐ DELETE  
NAME **SHAFAR, BOB**  
STREET ADDRESS **112 JUNIPER WAY**  
CITY-ST-ZIP **TAVARES FL**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE **TD** ☐ Change ☒ Addition  
52 NAME **Don Outhouse**  
53 STREET ADDRESS **3401 Sunset Ave**  
54 CITY-ST-ZIP **Leesburg FL 34788**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

*Bob O. Shafer*

**Bob O. Shafer**

**2-10-96**

**(352)**

**483-3224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)