

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 # N94000005396 (6)

1. Corporation Name

KING'S COVENANT COMMUNITY CHURCH, INC.



Principal Place of Business

Mailing Address

685 ROYAL PALM BEACH BLVD.
SUITE 103B
ROYAL PALM BEACH FL 33411
US

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SUITE 103B
ROYAL PALM BEACH FL 33411
US

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
06/27/1995

2. Principal Place of Business
21 **same as above**

2a. Mailing Address
26 **same**

4. FEI Number
65-0532968

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

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

**MUNSON, MARY JANE
12689 GUILFORD CIRCLE
WELLINGTON FL 33414**

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 **Mary Jane Munson**

(NOTE: Registered Agent signature required when reinstating)

4-29-96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ORTEGA-BETANCOURT, JOSE**
STREET ADDRESS **12458 SAWGRASS CT**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **VPD** ☒ DELETE
NAME **HITCHCOCK, CAMERON**
STREET ADDRESS **164 ALCAZAR ST**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE **TD** ☒ DELETE
NAME **DINARDO, JOSEPH**
STREET ADDRESS **245 SCARBROUGH TERRACE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **S** ☒ DELETE
NAME **MUNSON, MARY JANE**
STREET ADDRESS **12689 GUILFORD CIRCLE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Colleen Ortega**
2.3 STREET ADDRESS **12458 Sawgrass Ct.**
2.4 CITY-ST-ZIP **Wellington, FL 33414**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Paul Cunningham**
3.3 STREET ADDRESS **3170 Pinehurst Drive**
3.4 CITY-ST-ZIP **Lake Worth, FL 33467**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Herbert Valencia**
4.3 STREET ADDRESS **13696 Columbine Ave.**
4.4 CITY-ST-ZIP **Wellington, FL 33414**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address.

SIGNATURE: **[Signature]**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jose Ortega-Betancourt

4-29-96

President
(407) 753-8641
(407) 790-5512

Date

CR2E037 (12/95)