


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 11 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



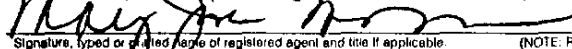
| | | | |
|--|--------------------------------|---|---------------------|
| Principal Place of Business | | Mailing Address | |
| 685 ROYAL PALM BEACH BLVD. SUITE 103B ROYAL PALM BEACH FL 33411 US 1100 Aero Club Dr Wellington, FL 33414 | | 685 ROYAL PALM BEACH BLVD. SUITE 103B ROYAL PALM BEACH FL 33411 US 12689 Guilford Cir Wellington, FL 33414 | |
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date incorporated or Qualified | 3a. Date of Last Report |
| 10/28/1994 | 05/01/1996 |
| 4. FEI Number | Applied For Not Applicable |
| 65-0532968 | |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> 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  (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTEGA-BETANCOURT, JOSE | 1.2 NAME | |
| STREET ADDRESS | 12458 SAWGRASS CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTEGA, COLLEEN | 2.2 NAME | |
| STREET ADDRESS | 12458 SAWGRASS CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUNNINGHAM, PAUL | 3.2 NAME | |
| STREET ADDRESS | 3170 PINEHURST DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33487 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALENCIA, HERBERT | 4.2 NAME | |
| STREET ADDRESS | 13696 COLUMBINE AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE REQUIRED **8-9-97 (561) 790-5512**

CR2E037 (4/97)