## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

N9400005396 (6)

DOCUMENT # KING'S COVENANT COMMUNITY CHURCH, INC. Hagen Elem School Principal Place of Business N-WELLINGTON DANDINGS MIDDLE-SCHOOL 12689 GAILFORD CIR 3. Date Incorporated or Qualified HOS MENO-GLUS ON WELLINGTON PL SOUL-WELLINGTON FL 33414 10/28/1994 4. FEI Number Applied For 65-0532968 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes X No Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MUNSON, MARY JANE Street Address (P.O. Box Number is Not Acceptable) 12689 GUILFORD CIRCLE 83 **WELLINGTON FL 33414** 84 City Zip Code (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE **ORTEGA-BETANCOURT, JOSE** NAME 1.2 NAME 12458 SAWGRASS CT STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE VPD 2.1 TITLE ORTEGA, COLLEEN NAME 2.2 NAME 12458 SAWGRASS CT. 2.3 STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TD 31 TOLF TITLE **CUNNINGHAM, PAUL** NAME 3.2 NAME 3170 PINEHURST DRIVE STREET ADDRESS 3.3 STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE VALENCIA, HERBERT NAME 4.2 NAME 13696 COLUMBINE AVE. STREET ADDRESS 4.3 STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 of 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, of on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

1-19-98

**FILED** 

Feb 05 1998 8:00am

Secretary of State