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FILED
May 20 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 # N96000001185 (5)

1. Corporation Name

CHRIST COVENANT CENTER, INC.



Principal Place of Business

Mailing Address

211 VILLAS ST.
STUART FL 34994

211 VILLAS ST.
STUART FL 34994-3432

3. Date Incorporated or Qualified
03/04/1996

3a. Date of Last Report
none

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0655530

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

THOMAS, JEFFREY F
780 S. FEDERAL HWY., STE. 209
STUART FL 34994

81 Thomas, Jeffrey F. Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
555 Colorado Ave.
83
84 City Stuart FL 85 Zip Code 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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

Terry J. Bennett

(NOTE: Registered Agent signature required when reinstating)

4/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BENNETT, TERRY
STREET ADDRESS 211 VILLAS ST.
CITY-ST-ZIP STUART FL 34994

TITLE VTD
NAME BROWN, JAMES
STREET ADDRESS 3272 SE ASTER LN.
CITY-ST-ZIP STUART FL 34994

TITLE DS
NAME PAGE, RAY
STREET ADDRESS 1580 SW BEVERLY
CITY-ST-ZIP STUART FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2621 SW Edith Ct.
2.4 CITY-ST-ZIP Port St. Lucie, FL 34953

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 211 VILLAS ST
3.4 CITY-ST-ZIP STUART, FL 34994

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)