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FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

**21 2844 SW BOATRAMP AVE**

Suite, Apt. #, etc.

**22 PALM CITY, FL**

City & State

**23 34990**

Zip

**24 MARTIN**

Country

3. Date Incorporated or Qualified

**03/04/1996**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, JEFFREY F  
555 COLORADO AVE  
STUART FL 34994**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **VTD BROWN, JAMES**  
STREET ADDRESS **2621 SW EDITH CT**  
CITY - ST - ZIP **PORT ST LUCIE FL**

TITLE ☐ DELETE

NAME **DS PAGE, RAY**  
STREET ADDRESS **211 VILLAS ST**  
CITY - ST - ZIP **STUART FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 **2844 SW BOATRAMP AVE**

1.4 CITY - ST - ZIP **PALM CITY, FL 34990**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **331 SW S RIVER DR #107**

2.4 CITY - ST - ZIP **STUART, FL 34997**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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]*

**4-27-98 (56) 230-2810**

CP2E037 (10/97)