

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001185**

1. Corporation Name

CHRIST COVENANT CENTER, INC.

Principal Place of Business

Mailing Address

**2844 SW BOOTHAMPA AVE.
PALM CITY, FL. 34990
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0455530

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS JEFFREY F.
655 COLORADO AVE.
PALM CITY, FL. 34990**

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **B. B. B.**
STREET ADDRESS
CITY-ST-ZIP

11 TITLE **DP** ☒ Change ☐ Addition
12 NAME **SHERMAN, ALAN**
13 STREET ADDRESS **2844 SW BOOTHAMPA AVE.**
14 CITY-ST-ZIP **PALM CITY, FL. 34990**

TITLE **VTO** ☒ DELETE
NAME **BROWN, JAMES**
STREET ADDRESS **331 SW S. RIVER DR. #107**
CITY-ST-ZIP **STUART, FL. 34997**

21 TITLE **DV** ☒ Change ☐ Addition
22 NAME **JACKSON, Capt. Art**
23 STREET ADDRESS **7600 MAPLE HWY.**
24 CITY-ST-ZIP **PALM CITY, FL. 34990**

TITLE **DS** ☒ DELETE
NAME **PAGE, RAY**
STREET ADDRESS **231 VILLAS ST.**
CITY-ST-ZIP **STUART, FL. 34997**

31 TITLE **DST** ☒ Change ☐ Addition
32 NAME **RAYMOND, PAT**
33 STREET ADDRESS **2568 SE HARRISON ST.**
34 CITY-ST-ZIP **STUART, FL. 34997**

TITLE **MARIER, JACQUES** ☒ DELETE
NAME **863 SE 13th St.**
STREET ADDRESS **STUART, FL. 34994**
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

71 TITLE
72 NAME
73 STREET ADDRESS
74 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)