FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600005268 (5)

COVENANT CHRISTIAN CONGREGATION OF THE PALM BEACHES, INC.

Mailing Address

3931 RCA BLVD 3931 RCA BLVD **SUITE 3117 SUITE 3117** PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-4215 3. Date Incorporated or Qualified 10/11/1996 3s. Date of Last Report 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 7655 Enterprise Ox. Not Applicable 7655 Enterprise Dr. 26 \$8.75 Additional X 5. Certificate of Status Desired Fee Required Svite 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, U.S.A 5.A 33404 Yes X No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Box Number is Not Acceptable) COBURN, RICHARD E 82 908 EVERGREEN DR 83 NORTH PALM BEACH FL 33408 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above period 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. Pichard L. McManus
nature, typed or printed name of registered agent and title if applicable. Kichard (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE THILE Richard L. McManus 129 Pheasant Run Blud. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 14 CITY-ST-7/P CITY-ST-ZIP DELETE 21 TITLE THEF Tamberlynn Kroeck + 2226 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Ginger Brooks Macartney
2735 East Oudley Dr. DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 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 1 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 chapter on an attachment with an address.