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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001169

1. Corporation Name
COVENANT COMMUNITY CHURCH OF LAKE COUNTY, INC.

Principal Place of Business	Mailing Address
15034 OLD HWY. 441 TAVARES FL 32778	P.O. BOX 1556 TAVARES FL 32778

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/26/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3332420 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWTON, GUS
1245 PINEAPPLE LANE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: Brent Bickhart
82 Street Address (P.O. Box Number is Not Acceptable): 2712 Knollwood Trail
83
84 City: Eustis FL 85 Zip Code: 32726

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: Brent W. Bickhart — Brent W. Bickhart Pastor — DATE: 4-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEWTON, GUS		1.2 NAME		
STREET ADDRESS	15034 OLD HWY. 441		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPRAGUE, KENT		2.2 NAME		
STREET ADDRESS	15034 OLD HWY. 441		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	WRIGHT, GEORGE		3.2 NAME	BOOKER, RON	
STREET ADDRESS	15034 OLD HWY. 441		3.3 STREET ADDRESS	15034 Old Hwy 441	
CITY-ST-ZIP	TAVARES FL 32778		3.4 CITY-ST-ZIP	Tavares, FL 32778	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, RICHARD		4.2 NAME		
STREET ADDRESS	15034 OLD HWY. 441		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOOKER, RON		5.2 NAME		
STREET ADDRESS	15034 OLD HWY. 441		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BICKHART, BRENT W		6.2 NAME		
STREET ADDRESS	15034 OLD HWY. 441		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		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, with all other like empowered.

SIGNATURE: Brent W. Bickhart — Brent W. Bickhart — 4/10/99 — 352-742-5034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)