

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002895**

1. Entity Name  
**COVENANT REFORMED PRESBYTERIAN CHURCH OF  
FORT PIERCE, FLORIDA, INC.**



Principal Place of Business  
**4699 OLEANDER AVE.  
FORT PIERCE, FL 34982**

Mailing Address  
**4699 OLEANDER AVE.  
FORT PIERCE, FL 34982**



01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0919216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROWE, SAMUEL P  
4699 OLEANDER AVE.  
FORT PIERCE, FL 34982**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROWE, SAMUEL P
STREET ADDRESS	4699 OLEANDER AVE.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	ROWE, SAMUEL V
STREET ADDRESS	2012 WINDING CREEK LANE
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	D
NAME	MANVILLE, E C
STREET ADDRESS	5500 TEAL TERRACE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000776590  
01/09/08-80030-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 #

1-07-08 772-461-2648