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	PROFIT PROPRETION	200	AN MENT	
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DOCU	IMENT # SQT	0000 455)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ì	• , ;			1 × have the total
Accusam Machining Co.				98 DEC -8 PM 2: 05
				
Principal Place of Business Mailing Address			ox 4059	SECRETARY OF STATE
10/ 5.60. 96 terr				TALLALLACOPE OLOMOTO X
Rembroke Pinos, 71. 33025 Hia., 71. 38014				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	·			MAY 8 1997
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt	. #. etc	Suite, Apt. #, etc.		65-0753297 Not Applicable \$8,75 Additional
22		27		5. Certificate of Status Desired
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	. Zip	Country	Trust Fund Contribution
24	25		30	Personal Property Tax due June 30. 🔏 Yes 🔲 No
	9. Name and Address of Curren		81 Name	10. Name and Address of New Registered Agent
Kod	olfo Barrios	• •	82 Street	Address (P.O. Box Number is Not Acceptable)
151	s.w. 96 terr.			Address (F.O. Box Number is Not Acceptable)
Rome	broke Pines, 7,	122005	83	
,	nord innes, y	. 33020	84 City	Fi 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
office or a agent, I a	registered agent, or both, in the State arm familiar with, and arcept the obliga	of Florida, Such change was at itions of, Section 607.0505, Flor	ithorized by the corp ida Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature Typed or printed name of registered ager	y and tife if annicable INOTE	Registered Agent signature	reculred when reinstalfro) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	☐ DELETE	1 1 TITLE	Vice President Change Addition
NAME STREET ADDRESS	Rodolfo Barrio	5	1.2 NAME 1.3 STREET ADDRESS	Javier Hernandez 11935 s.w. 98 AUE. RD.
CITY-ST-ZIP	Pembroke Pines 7	1. 33025	1 4 CITY - ST - ZIP	1/2mi 7/ 33/65
TITLE	, , ,	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME CIRCEL ADDRESS			2 2 NAME 2 3 STREET ADDRESS	4000027137245 -12/15/9801102083
STREET ADDRESS CITY-ST-ZIP			2 4 CITY-ST-ZIP.	******81.25 ******81.25
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS CITY-ST-ZIP			3 3 STREET ADORESS 3 4 City-St-Zip	
TITLE		☐ DELETE	4 1 TITLE	Change Addition
NAME	}		4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
1 AME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	Che A.
CITY - ST - ZIP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	Addition Addition
NAME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	\U
CITY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for	6.4 CITY-ST-ZIP	d 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 accu-	rate and that my sign	hature shall have the same legal effect as if made under cath; that I am an required by Chapter 607, Florida Statules, and that my name appears in
Block 12	or Block 13 if changed, or on an altac	ement with an address		

SIGNATURE:

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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



98 DEC -8 AMII: 41

1. Corporation		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SHILC	OH COVENANT FELLOWSHIP OF LAKE		
1	ce of Business Mailing Address		
(Chur	·	3. Date Incorporated or Qualified	
	tand, FL Lakeland, F	և 33804	April 11, 1997
(8660) Indian Ridge Trail)	4. FEI Number Applied For	
(No M	Mail recepticle here)	Not Applicable X Not Applicable	
2. Principal F	Place of Business 2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21	26		Fee Required
Suite, Apt.	. #, etc. Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22	27		Trust Fund Contribution Added to Fees
City & Stat	te City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
		81 Name	
BIRI	D, LANCE	82 Street Add	dress (P.O. Box Number is Not Acceptable)
P.0.	BOX 90874 (8660 Indian Ridge 1	diess (1.0. Box Number is not Acceptable)	
	ELAND, FLORIDA 33804	83	
		84 City	85 Zip Code
		84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 0502 and 617 1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of changing its registered
office_or r	registered agent, or both, in the State of Florida, Such charge was au im familiar with and accept the obligations of Section 617.0503, Flori	thorized by the corpora of Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	()(2)	V	Nov. 30, 1998
		Registered Agent signature /equ	rired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	Vice President □ DELETE	1,1 TITLE	
NAME	Bird, Merry	1.2 NAME	-12/15/9801102004
STREET ADDRESS	8660 Indian Ridge Trail	1.3 STREET ADDRESS	*****81.25 *****61.25
CITY-ST-ZIP	Lakeland, FL 33809	1.4 CITY-ST-ZIP	
TITLE D	Vice President □ DÉLETE	2,1 TITLE	Change 🖸 Addilion
NAME	Bruce Dunton	2.2 NAME	
STREET ADDRESS	8660 Indian Ridge Trail Lakeland, FL 33809	2.3 STREET ADORESS	
CITY-ST-ZIP		2, 4 CITY-ST-ZIP	Change T Marking
TITLE D	President DELETE	3,1 TITLE	Change _Ll Addition
NAME	Bird, Lance	3.2 NAME	
STREET ADDRESS	8660 Indian Ridge Trail Lakeland, FL 33809	3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	Lakeland, FL 33809 DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME	La Page 14	4. 2 NAME	La vienge La vienge
STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS	
1		4,3 STREET AUDITESS	
CITY-ST-ZIP		4.4 CITY - CT - 710	1
TUTLE	I T DELETE	4.4 CITY - ST - ZIP	Chance T Addition
TITLE NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	L] DELETE	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
NAME STREET ADDRESS	L] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS C#TY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS C*TY - ST - ZIP TITLE	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME STREET ADDRESS C#TY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

FFICER OR DIRECTOR

Nov. 30, 1998