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Secretary of State

01-21-1999 90042 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713220

1. Corporation Name

COVENANT TEACHING FELLOWSHIP, INC.

Principal Place of Business

4918 ROOSEVELT ST.
HOLLYWOOD FL 33021

Mailing Address

4918 ROOSEVELT ST.
HOLLYWOOD FL 33021



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/18/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6209655
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		29
		30

9. Name and Address of Current Registered Agent

BENNETT, WILLIAM E.
4918 ROOSEVELT ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 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

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	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, MARYANN H	1.2 NAME	
STREET ADDRESS	4918 ROOSEVELT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, WILLIAM E	2.2 NAME	
STREET ADDRESS	4918 ROOSEVELT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROCH, NANCY A	3.2 NAME	
STREET ADDRESS	575 NW 145 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RENN, RICK	4.2 NAME	
STREET ADDRESS	4215 ROOSEVELT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VANDERHOOF, FRED	5.2 NAME	
STREET ADDRESS	4925 ROOSEVELT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, WILLIAM E	6.2 NAME	
STREET ADDRESS	4918 ROOSEVELT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	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:

MARYANN H BENNETT

1/6/99 954-920-9604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)