

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003972 (6)
1. Corporation Name
COVENANT WORSHIP CHURCH, INC.



Principal Place of Business Mailing Address
6321 S. QUEENSWAY DRIVE TAMPA FL 33617 **6321 S. QUEENSWAY DRIVE TAMPA FL 33617**

3. Date Incorporated or Qualified **08/10/1994** 3a. Date of Last Report **04/21/1995**
4. FEI Number **59-3200306** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26 P.O. Box 272903**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28 Tampa, Florida**
Zip Country Zip Country
24 **25 29 33688 30 U.S.A.**

9. Name and Address of Current Registered Agent
DAVIS, JEFFREY E
6321 S. QUEENSWAY DRIVE
TAMPA FL 33617

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, JEFFREY E	
STREET ADDRESS	6321 S. QUEENSWAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, JONI G	
STREET ADDRESS	6321 S. QUEENSWAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DORNFIELD, THOMAS E	
STREET ADDRESS	25241 BUNTING CIRCLE	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	KNOWLES, LA CHAN	
13 STREET ADDRESS	3401 N. LAKEVIEW DRIVE # 306	
14 CITY-ST-ZIP	TAMPA, FL 33618	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	200001742932	
24 CITY-ST-ZIP	-03/14/96--01034--016	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	**\$61.25	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	500001742935	
44 CITY-ST-ZIP	-03/14/96--01034--016	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	**\$8.75	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *X Jeffrey E Davis* 1/25/96 813/933-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)