

**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. Suite, Apt. #, etc.      26. **P.O. Box 272903**  
22. City & State      27. Suite, Apt. #, etc.  
23. **Tampa, Florida**      28. **Tampa, Florida**  
24. Zip      25. Country      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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JEFFREY E</b>	
STREET ADDRESS	<b>6321 S. QUEENSWAY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JONI G</b>	
STREET ADDRESS	<b>6321 S. QUEENSWAY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DORNFIELD, THOMAS E</b>	
STREET ADDRESS	<b>25241 BUNTING CIRCLE</b>	
CITY-ST-ZIP	<b>LAND O' LAKES FL 34639</b>	
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	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>KNOWLES, LA CHAN</b>	
13 STREET ADDRESS	<b>3401 N. LAKEVIEW DRIVE # 306</b>	
14 CITY-ST-ZIP	<b>TAMPA, FL 33618</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>200001742932</b>	
24 CITY-ST-ZIP	<b>-03/14/96--01034--016</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	<b>**\$61.25</b>	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	<b>500001742935</b>	
44 CITY-ST-ZIP	<b>-03/14/96--01034--016</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	<b>**\$8.75</b>	
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)