


NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003972 1. Corporation Name COVENANT WORSHIP CHURCH, INC.					
Principal Place of Business 9340 N. FLORIDA AVE. STE 1 TAMPA FL 33612 US			Mailing Address PO BOX 272903 TAMPA FL 33698		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	22 Suite, Apt. #, etc.	3. 08/10/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	4. 59-3200306
24 Country	29 Country	5. Certificate of Status Desired
25	30	5. <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		9. Election Campaign Financing
6. DAVIS, JEFFREY E		9. <input type="checkbox"/> \$5.00 May Be Added to Fees
6. 6321 S. QUEENSWAY DRIVE		10. Name and Address of New Registered Agent
6. TAMPA FL 33617		10. 1. Name

7. 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 JOHN G. HEATH 82 Street Address (P.O. Box Number is Not Acceptable) 102 ASHBROOK DR 83 City BRANDON FL 84 Zip Code 33511	
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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 617.0603, Florida Statutes.

SIGNATURE: John G. Heath (NOTE: Registered Agent Signature required when renewing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DAVIS, JEFFREY E	1.2 NAME	
STREET ADDRESS	6321 S. QUEENSWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	JOHN G. HEATH
NAME	DAVIS, JOHN G	2.2 NAME	VPD
STREET ADDRESS	6321 S. QUEENSWAY DRIVE	2.3 STREET ADDRESS	102 ASHBROOK DR
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE	STD	3.1 TITLE	DANNEN REYNOLDS
NAME	KNOWLES, LA CHAN	3.2 NAME	TYRELL
STREET ADDRESS	3412 JAMAIS WOOD WAY	3.3 STREET ADDRESS	5012 E. LONGBOAT BLVD
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	TAMPA FL 33615
TITLE		4.1 TITLE	Joseph Olivero
NAME		4.2 NAME	SECT
STREET ADDRESS		4.3 STREET ADDRESS	6210 N. 43 STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FL 33610
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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 by an attachment with an address, with all other like empowered.

SIGNATURE: John G. Heath **REQUIRED** 9/14/99 6264200

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