

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# 713220

Entity Name: COVENANT TEACHING FELLOWSHIP, INC.

**Current Principal Place of Business:**

1834 PLUNKETT  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

4918 ROOSEVELT ST.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-6209655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: BENNETT, MARYANN H MRS  
Address: 4918 ROOSEVELT ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD      ( ) Delete  
Name: BENNETT, WILLIAM E MR  
Address: 4918 ROOSEVELT ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: BROWN, ALVIN  
Address: 10660 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322

Title: D      ( ) Change (X) Addition  
Name: KENNEDY, AARON  
Address: 561 NW 195 TERRACE  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E BENNETT

PD

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date