


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 726565 1. Entity Name COVENANT PRESBYTERIAN CHURCH OF WILTON MANORS, FLORIDA, P.C.A. INC.	
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Principal Place of Business FLORIDA, P.C.A. INC. 512 N.E. 26TH ST. WILTON MANORS, FL 33305-1141	Mailing Address FLORIDA, P.C.A. INC. 512 N.E. 26TH ST. WILTON MANORS, FL 33305-1141
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BENOIT, RONALD J. 3130 NW 69 ST FT. LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000065280 02/25/04-80054-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALKEY, SEATON 1106 NW 16 ST FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOUGLAS, GENE 2909 NW 10 AVE WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BENOIT, RONALD J. 3130 NW 69 ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **1/17/2004** **954-972-6412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #