2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 768712

Entity Name: COVENANT TABERNACLE WORLD OUTREACH CENTER, INCORPORATED

Current Principal Place of Business:

7192 S FEDERAL HWY
#4
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

7184 S FEDERAL HWY
#1
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

446 SE LAMON LN
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMSON, CHARLES T
6905 SEBASTIAN ROAD
FT. PIERCE, FL 34951 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: PD ( ) Delete
Name: LONGWORTH, CHARLES F
Address: 446 SE LAMON LANE
City-St-Zip: PT ST LUCIE, FL 34983

Title: VD ( ) Delete
Name: LONGWORTH, BRYAN H
Address: 5806 RAINTREE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34982

Title: STD ( ) Delete
Name: WILLIAMSON, CHARLES T
Address: 6905 SEBASTIAN ROAD
City-St-Zip: FT. PIERCE, 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES F LONGWORTH PD 05/04/2009
Electronic Signature of Signing Officer or Director — Date