2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# 769908

Entity Name: COVENANT LOVE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2386995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, DAVID
902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714 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: SCOTT, DAVID D
Address: 902 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TSD ( ) Delete
Name: SCOTT, BECKY
Address: 902 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: SHEAROUSE, RICK
Address: 1214 HARDMAN DR.
City-St-Zip: ORLANDO, FL 32806

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

Title: D ( ) Change (X) Addition
Name: BOCK, PAUL D
Address: 2260 KING EDWARDS COURT
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID D. SCOTT PD 04/17/2006

Electronic Signature of Signing Officer or Director — Date