

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 770057

1. Entity Name
COVENANT CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**6814 INDIANA AVE.
NEW PORT RICHEY, FL 34653**

Mailing Address
**7036 SANDALWOOD DR.
PORT RICHEY, FL 34668**



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2357985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PANARIELLO, ROBERT
7036 SANDALWOOD DR.
PT. RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PANARIELLO, ROBERT
STREET ADDRESS	7036 SANDALWOOD DR.
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	VSD
NAME	PANARIELLO, ANN
STREET ADDRESS	7036 SANDALWOOD DR.
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	VD
NAME	STANLEY, GALE D.
STREET ADDRESS	PO BOX 99
CITY-ST-ZIP	MACKS CREEK, MO 65786
TITLE	V
NAME	MINICHINO, CHRISTINE
STREET ADDRESS	7760 BAHAMA AVE
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	V
NAME	RAMIREZ, VICTOR M
STREET ADDRESS	5523 DRINKARD DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	V
NAME	MINICHINO, MICHAEL T
STREET ADDRESS	7760 BAHAMA AVE
CITY-ST-ZIP	PORT RICHEY, FL 34668

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02/01/06-80015-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **1-20-06 727 842 4566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #