2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004
Secretary of State

DOCUMENT# N00000002628

Entity Name: EVERLASTING COVENANT PRAISE, WORSHIP AND DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

340 WOODCHUCK AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

340 WOODCHUCK AVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 56-2175196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORONA, RICHARD
340 WOODCHUCK AVENUE
TARPON SPRINGS, FL 34689

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: D ( ) Delete
Name: ORONA, RICHARD
Address: 200 STARCREST DR 37
City-St-Zip: CLEARWATER, FL 33765

Title: T ( ) Delete
Name: MACK, JAMES
Address: 7001 HIGH MEADOW DR
City-St-Zip: MATTHEWS, NC 28104

Title: T ( ) Delete
Name: LEONARD, CLAVON
Address: 12507 CEDAR FALL DRIVE
City-St-Zip: HUNTERSVILLE, NC 28078

Title: T ( ) Delete
Name: MCVAY, ANGIE
Address: FOXBRIDGE CIRCLE 311
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PAST (X) Change ( ) Addition
Name: ORONA, RICHARD
Address: 340 WOOD CHUCK AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

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 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 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: CLAVON LEONARD PAST 02/07/2004

Electronic Signature of Signing Officer or Director — Date