2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003793

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

Entity Name: CHURCH OF THE COVENANT, INC. **Current Principal Place of Business: New Principal Place of Business:** 2699 SEVILLE BLVD. SUITE 701 CLEARWATER, FL 33764 **New Mailing Address: Current Mailing Address:** 2699 SEVILLE BLVD. P.O. BOX 4805 SUITE 701 CLEARWATER, FL 33758 CLEARWATER, FL 33764 FEI Number: 59-3026471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, MARY A ROBINSON, MARY A 2699 SEVILLE BLVD, 2699 SEVILLE BLVD SUITE 701 CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US 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: 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROBINSON, MARY A TRUSTEE ROBINSON, MARY A TRUSTEE Name: Name: Address: 2699 SEVILLE BLVD #701 Address: 24 FRESHWATER DR City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: PALM HARBOR, FL 34684 Title: Title: () Change (X) Addition () Delete Name: Name: BLEVINS, ESTEL Address: Address: 2699 SEVILLE BLVD City-St-Zip: City-St-Zip: CLEARWATER, FL 33764 Title: () Delete Title: () Change (X) Addition Name: FREEMAN, KEN Name: 3600 CHILDERS RD Address: Address: City-St-Zip: City-St-Zip: ORTONVILLE, MI 48462 Title: () Delete Title: () Change (X) Addition Name: Name: BLEVINS, DOUG

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.

Address:

City-St-Zip:

6406 CEDAR MTN RD

DOUGLASVILLE, GA 30134

SIGNATURE: MARY ROBINSON D 04/28/2006