

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90004 017 ****61.25

DOCUMENT # N00000004041

1. Entity Name

COVENANT PARTNERS OUTREACH MINISTRY, INC.



Principal Place of Business

65 SOUTH SEMERON BLVD
ORLANDO FL 32822

Mailing Address

4080 BOSTON COMMON ST
ORLANDO FL 32808

2. Principal Place of Business

65 S. Semeron Blvd.
Suite, Apt. #, etc.

3. Mailing Address

4080 Boston Common St
Suite, Apt. #, etc.

City & State

Orlando Fl.

City & State

Orlando Fl.

Zip

32822

Country

ORANGE

Zip

32808

Country

ORANGE

4. FEI Number

59-3650293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

AGENT STILL THE SAME
4080 BOSTON COMMON ST
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name HORACE DAUGHTRY JR.

Street Address (P.O. Box Number is Not Acceptable)

4080 Boston Common St.

City ORLANDO

FL

Zip Code

32808

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

President, Pastor HORACE DAUGHTRY JR. President/Pastor
DATE 6/28/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAUGHTRY, HORACE	
STREET ADDRESS	4080 BOSTON COMMON ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAUGHTRY, HORACE	
STREET ADDRESS	4080 BOSTON COMMON ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARNOLD, SHARON	
STREET ADDRESS	4080 BOSTON COMMON ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ELDER, ADMINISTRATOR (Vee)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORACE DAUGHTRY SR. (PRESIDENT)	
STREET ADDRESS	133 N.W. 5TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL. 33435	
TITLE	MINISTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA ANN DAUGHTRY	
STREET ADDRESS	133 N.W. 5TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL. 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Horace Daughtry Jr. 6/28/05 (407) 443-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #