

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004041

FILED  
Aug 31, 2009  
Secretary of State

**Entity Name:** COVENANT PARTNERS OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

65 SOUTH SEMERON BLVD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

4080 BOSTON COMMON ST  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 59-3650293      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAUGHTRY, HORACE JR  
4080 BOSTON COMMON ST  
ORLANDO, FL 32808 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: DAUGHTRY, HORACE  
Address: 4080 BOSTON COMMON ST  
City-St-Zip: ORLANDO, FL 32808

Title: SD ( ) Delete  
Name: DAUGHTRY, HORACE  
Address: 4080 BOSTON COMMON ST  
City-St-Zip: ORLANDO, FL 32808

Title: MD ( ) Delete  
Name: DAUGHTRY, BABARBA ANN  
Address: 133 NW 5TH CT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VDT ( ) Delete  
Name: DAUGHTRY, HORACE SR  
Address: 133 NW 5TH COURT  
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: DDAS ( ) Change (X) Addition  
Name: SMOTHERS, LATONYA T  
Address: 25 S. JOHN ST.  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify 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: HORACE A DAUGHTRY JR.

PD

08/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date