

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005741

Entity Name: COVENANT MISSIONS, INC.

FILED  
Jul 20, 2004  
Secretary of State

**Current Principal Place of Business:**

10040 SW 70 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10040 SW 70 STREET  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-1038391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BROWN, WILLIAM F JR  
10040 SW 70 STREET  
MIAMI, FL 33173

**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: BROWN, WILLIAM F JR  
Address: 10040 SW 70 STREET  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: ARGUELLO, NESTOR  
Address: 13746 SW 68 STREET  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: VARONA, OSCAR  
Address: 11105 SW 125 STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: DELGADILLO, NOEL E  
Address: 13052 SW 57 TERRACE  
City-St-Zip: MIAMI, FL 33183

**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:

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: WILLIAM F BROWN, JR.

D

07/20/2004

Electronic Signature of Signing Officer or Director

Date