


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> N00000005741            |  |
| 1. Entity Name<br>COVENANT MISSIONS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>10040 SW 70 STREET<br>MIAMI, FL 33173 | Mailing Address<br>10040 SW 70 STREET<br>MIAMI, FL 33173 |
|--|--|



02202008 No Chg-NP CR2E037 (4/06)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-1038391                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>BROWN, WILLIAM F JR<br>10040 SW 70 STREET<br>MIAMI, FL 33173 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000888991  
04/22/08-90036-005 \$1.25

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BROWN, WILLIAM F JR<br>10040 SW 70 STREET<br>MIAMI, FL 33173 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARGUELLO, NESTOR<br>7803 SW 129 PL<br>MIAMI, FL 33183        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VARONA, OSCAR<br>11105 SW 125 STREET<br>MIAMI, FL 33176      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DELGADILLO, NOEL E<br>11425 SW 104 CT<br>MIAMI, FL 33176     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/8 305 273 7460  
Date Daytime Phone #