2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N00000008037

Entity Name: COVENANT COMMUNITY CHURCH NAVARRE INC

Current Principal Place of Business:

9212 QUAIL ROOST DR
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

9212 QUAIL ROOST DR
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3698105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTH, SKIP
9139 MILITARY TR
NAVARRE, FL 32566 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: D ( ) Delete
Name: ORTH, SKIP
Address: 9139 MILITARY TR
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: ORTH, TERESA
Address: 9139 MILITARY TR
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: ORTH, DESTINEY
Address: 9139 MILITARY TR
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: GRABO, JIM
Address: 1186 WITSHIRE CT
City-St-Zip: FT WALTON BCH, FL 32547

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: D (X) Change ( ) Addition
Name: SHELDON, TIM
Address: 2633 YELLOW PINE ST.
City-St-Zip: NAVARRE, FL 32566

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.

SIGNATURE: SKIP ORTH PRES 01/19/2006

Electronic Signature of Signing Officer or Director — Date