## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008037

FILED Jan 15, 2007 Secretary of State

Entity Name: COVENANT COMMUNITY CHURCH NAVARRE INC

Current F	rincipai Place	e of Business:	New Principal Place	e ot Business:
	AIL ROOST DR E, FL 32566			
Current N	Mailing Addres	ss:	New Mailing Addres	ss:
	AIL ROOST DR E, FL 32566			
FEI Numbe	r: 59-3698105	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	KIP TARY TR E, FL 32566	US		
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	te of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	te of Florida. IRE:	submits this statement for the pair.  nic Signature of Registered Agr		ed office or registered agent, or both,  Date
in the Stat SIGNATU	te of Florida. IRE:	nic Signature of Registered Ag	ent	
in the Stat SIGNATU	te of Florida.  IRE: Electron  S AND DIREC	nic Signature of Registered Ago TORS: ) Delete	ent	Date
in the Stat SIGNATU  OFFICER  Title: Name: Address:	te of Florida.  RE: Electron  S AND DIREC  D ( ORTH, SKIP 9139 MILITARY NAVARRE, FL	nic Signature of Registered Agr TORS: ) Delete (TR 32566 ) Delete A	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date SES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU  OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida.  Electron  S AND DIREC  D ( ORTH, SKIP 9139 MILITAR' NAVARRE, FL  D ( ORTH, TERES, 9139 MILITAR' NAVARRE, FL	nic Signature of Registered Agr TORS:  ) Delete ( TR 32566 ) Delete ( TR 32566 ) Delete ( TR 32566	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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 01/15/2007