


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000020 1. Entity Name COVENANT ORTHODOX PRESBYTERIAN CHURCH, INC.	
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Principal Place of Business 2885 EAST OLIVE ROAD PENSACOLA, FL 32514	Mailing Address 2885 EAST OLIVE ROAD PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3689071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALHOON, RONALD J 2885 EAST OLIVE ROAD PENSACOLA, FL 32514	DO NOT WRITE IN THIS SPACE
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMMON, TIMOTHY 9715 QUAIL HOLLOW BLVD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALHOON, RONALD J 2112 SQUIRE DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOBBS, WILLIAM REV. 7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHORTMANN, JOHN 4150 CROYDON RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTER, RUSSELL 2010 BEAVER CREEK DR. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/09/07-80039-016 61.25

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 authority like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 05 January 2007 Daytime Phone #: 622-0888
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