2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# N01000000180

Entity Name: COVENANT FELLOWSHIP INTERNATIONAL, INC.

Current Principal Place of Business:

5732 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

New Principal Place of Business:

5119 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

Current Mailing Address:

5732 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

New Mailing Address:

5119 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

FEI Number: 59-3690137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLAUGHLIN, NALENE
1015 VICTORY LAKE DRIVE
JACKSONVILLE, FL 32221 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: MCLAUGHLIN, VAUGHN M
Address: 1015 VICTORY LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete
Name: BLUE, ALFRED D
Address: 10831 LAUREL CREEK
City-St-Zip: CONVERSE, TX 78109

Title: T ( ) Delete
Name: CALHOUN, DEREK
Address: 10 BELFORD ROAD
City-St-Zip: NORWALK, CT 06854

Title: T ( ) Delete
Name: HOLMES, LINDA
Address: 1005 EMILY'S WALK LN E
City-St-Zip: JACKSONVILLE, FL 32221

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: T (X) Change ( ) Addition
Name: HOLMES, LINDA
Address: 3107 DOUBLE OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify 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: LINDA HOLMES MRS. 05/15/2007

Electronic Signature of Signing Officer or Director — Date