2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000001664

Entity Name: COVENANT CARE MINISTRIES, INCORPORATED

Current Principal Place of Business:

11814 SWEETPEA CT
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

11814 SWEETPEA CT
TAMPA, FL 33635

New Mailing Address:

FEI Number: 59-3711834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLUDD, CHARLOTTE
11814 SWEETPEA CT
TAMPA, FL 33635 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLUDD, CHARLOTTE
Address: 11814 SWEETPEA CT
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete
Name: HARRIS, JOHNNY
Address: 2646 OMISOL RD
City-St-Zip: WOODBRIDGE, VA 22192

Title: D ( ) Delete
Name: WOLFE, JAMES A
Address: 6916 GREENHILL PL
City-St-Zip: TEMPLE TERR, FL 33617

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE FLUDD D 04/29/2005

Electronic Signature of Signing Officer or Director Date