2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N01000002403

1. Entity Name

COVENANT CHARITIES, INC.



Principal Place of Business

2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805 Mailing Address

2210 SOUTH RIO GRANDE AVENUE

ORLANDO, FL 32805

FILED Feb 12, 2004 08:00 AM Secretary of State



01112004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 01-0573996 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACY, LAVON W 2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805

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	named entity submits this statement for the purpose of change ons of registered agent.	ring its registered office or registered agent, or both, in th	ne State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
		Campaign Financing \$5.00 May Be d Contribution.	
10.	OFFICERS AND DIRECTORS	posta potentojem jakanjam primarina pri	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACY, LAVON W 2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805		00000049591 12704-80086-017 61,25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINGS, BARBARA 12148 SHADY SPRING WAY ORLANDO, FL 32828	Charles Control of the Control of th	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTE, ROBERT 8112 BELSHIRE DRIVE ORLANDO, FL 32835	DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D HOZE, AUGUSTINE 2777 ELMHURST CIRCLE ORLANDO, FL 32810		IS SPACE
TITLE NAME STREET ADDRESS OITY-ST-ZIP	D TERRY, SHELIA 1598 ROCHELLE LANE OVIEDO, FL 32765		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby (D ROLLE, WILLIAM 12034 FAMBRIDGE RD ORLANDO, FL 32837 certify that the information supplied with this filing does not que	alify for the exemption stated in Section 119.07(3)(i). Flor	ida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling does not qualify 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 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 withy an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Davtime Phone #