

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006832

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CHRISTIAN EMPOWERMENT OPPORTUNITIES, INC.

**Current Principal Place of Business:**

515 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

515 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BCH, FL 32114

**New Mailing Address:**

FEI Number: 80-0005542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COVINGTON, SYLVESTER  
663 MADISON AVE.  
DAYTONA BCH, FL 32114

**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: COVINGTON, SYLVESTER  
Address: 663 MADISON AVE.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: TAYLOR, KEVIN B  
Address: 526 OAK ST.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: COMBS, BARBARA  
Address: 23 DARTMOUTH TERR.  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: HARDING, SHARON  
Address: 723 WINCHESTER ST.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: FEATHERSTONE, BILL  
Address: 515 DR. MM BETH-UNE BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: COVINGTON, GARRETTE  
Address: 663 MADISON AVE.  
City-St-Zip: DAYTONA BCH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOODMAN, BETTY  
Address: 515 DR MARY MCLEOD BETHUNE BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN TAYLOR

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date