

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007430

FILED  
Jun 21, 2005  
Secretary of State

**Entity Name:** COVENANT MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

P.O. BOX 570-116  
MIAMI, FL 33257

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570-116  
MIAMI, FL 33257

**New Mailing Address:**

**FEI Number:** 65-1157125      **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:**

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

HAWKINS, LINDA R  
16820 S.W. 109TH AVE  
MIAMI, FL 33157 US

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: DP ( ) Delete  
Name: HAWKINS, LINDA R  
Address: 16820 S.W. 109TH AVE  
City-St-Zip: MIAMI, FL 33157 US

Title: DT ( ) Delete  
Name: CAMERON, VERN  
Address: 221 NW 201 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D ( ) Delete  
Name: JOHNSON, PATRICIA  
Address: 17043 NW 22 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D ( ) Delete  
Name: HARTLEY, DELORES  
Address: 14700 WASHINGTON BLVD APT #302  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: CAMERON, CONSTANCE  
Address: 221 NW 201 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D ( ) Delete  
Name: MCMILLON, STEPHANIE  
Address: 1585 W 34 STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

**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: ( ) 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: LINDA R. HAWKINS

DP

06/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date