


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N02000000162 1. Entity Name MARRIAGE COVENANT MINISTRIES, INC. |  |
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| Principal Place of Business 77 SAN JAUN DRIVE PONTE VEDRA BEACH, FL 32082 | Mailing Address 77 SAN JAUN DRIVE PONTE VEDRA BEACH, FL 32082 |
|---|---|

DO NOT WRITE IN THIS SPACE



07282006 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 03-0375653 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**C. HOLT SMITH, II
233 EAST BAY STREET
SUITE 930
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000573184 08/02/06-80006-003 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, THARP S III 77 SAN JAUN DRIVE PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, LARK B 77 SAN JAUN DRIVE PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D C. HOLT SMITH, III 233 EAST BAY STREET #930 JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 with an address, with all other like empowered.

SIGNATURE:  **THARP S. ROBERTS III** **7/14/06** **904-631-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #