


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90008 019 ****61.25

DOCUMENT # N02000005311 1. Entity Name CHRISTIAN COVENANT MINISTRIES, INC.					
Principal Place of Business 11543 KELVYN GROVE PL JACKSONVILLE, FL 32225				Mailing Address 11543 KELVYN GROVE PL JACKSONVILLE, FL 32225	
2. Principal Place of Business 14156 Summer Breeze Dr Suite, Apt. #, etc.				3. Mailing Address 14156 Summer Breeze Dr Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 06-1644284	
Zip 32218		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAVOORES, FAYE D 11543 KELVYN GROVE PL JACKSONVILLE, FL 32225 14156 Summer Breeze Dr. Jacksonville, FL 32218				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Faye D. Cavoores</u> Faye D. Cavoores 7/2/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAVOORES, FAYE 11543 KELVYN GROVE PL 14156 Summer Breeze Drive JACKSONVILLE, FL 32225 32218			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEIGH, DENISE 11603 W COURT BLVD JACKSONVILLE, FL 32218			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERS, MARY 11130 RIFLE RUN RD JACKSONVILLE, FL 32225			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.					
SIGNATURE: <u>Faye D. Cavoores</u> Faye D. Cavoores 7/2/04 904-714-0404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment
44046732



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

850-245-6550

NOTICE OF INTENT TO DISSOLVE

0170688 01 AV 0.176 **AUTO T9 1 1203 32218-845956



CHRISTIAN COVENANT MINISTRIES, INC.
14156 SUMMER BREEZE DR
JACKSONVILLE FL 32218-8459

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # **N02000005311**

CHRISTIAN COVENANT MINISTRIES, INC.
14156 SUMMER BREEZE DR
JACKSONVILLE FL 32218-8459

Mail Report to:

*I tried to file
online 7/1/04, but was
unable to complete
payment process -*



CR2E095 4/0

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

Jay A. Cavoore
7/2/04

See attached annual report -
Thank you