


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005359	
1. Entity Name COVENANT CONNECTION INTERNATIONAL, INC.	

Principal Place of Business 2290 LAKE MARION DRVIE APOPKA, FL 32712	Mailing Address 2290 LAKE MARION DRVIE APOPKA, FL 32712
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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0003329	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOGGETT, GERALD 2290 LAKE MARION DRVIE APOPKA, FL 32712	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DOGGETT, HENRY G 2290 LAKE MARION DRVIE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOGGETT, DORIS L 2290 LAKE MARION DRVIE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLEFFEL, SUMMER 2290 LAKE MARION DRVIE APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3-5-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #