2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N03000002963

Entity Name: COVENANT APOSTOLIC NETWORK, INC.

Current Principal Place of Business:

10415 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

3970 RCA BLVD., STE. 7001
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

10415 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

3970 RCA BLVD., STE. 7001
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1190563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENZ, NORMAN
10254 ALLAMANDA CIRCLE
PALM BEACH GARDENS, FL 33410 US

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: PD ( ) Delete
Name: BENZ, NORMAN
Address: 2203 VISION DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD ( ) Delete
Name: ROSS, JOSEPH A
Address: 1780 S. BUCKLEY ROAD
City-St-Zip: AURORA, CO 80017

Title: VD ( ) Delete
Name: BENZ, JONATHAN
Address: 3630 WHITEHALL DRIVE #403
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BENZ, NORMAN
Address: 10254 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: NORMAN BENZ PD 04/07/2005

Electronic Signature of Signing Officer or Director — Date