

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **N03764**
1. Corporation Name
COVENANT BAPTIST CHURCH, INC.

(0)

7615



Principal Place of Business: 1055 NW 6TH AVE. FLORIDA CITY FL 33034-2007
Mailing Address: 1055 NW 6TH AVE. FLORIDA CITY FL 33034-2007

3. Date Incorporated or Qualified: 06/19/1984
3a. Date of Last Report: 07/17/1995
4. FEI Number: 05-0148303
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. SAME AS ABOVE
22. Suite, Apt. #, etc.
23. FLORIDA CITY, FL
24. 33034
25. Country
26. SAME AS ABOVE
27. Suite, Apt. #, etc.
28. City & State
29. 33034
30. DADE

9. Name and Address of Current Registered Agent
KEY, WALLACE
1055 NW 6 AVENUE
FLORIDA CITY FL 33034

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEY, ISIAH	
STREET ADDRESS	C/O 1055 NW 6 AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEY, WALLACE	
STREET ADDRESS	C/O 1055 NW 6 AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CRIGLER, WILLIAM	
STREET ADDRESS	C/O 1055 NW 6 AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEASLEY, WILLIE	
STREET ADDRESS	C/O 1055 NW 6 AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, HERMAN	
STREET ADDRESS	C/O 1055 NW 6 AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wallace Key 2/16/96 305 247-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)