


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

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03764 1. Entity Name COVENANT BAPTIST CHURCH, INC.		
Principal Place of Business 1055 NW 6TH AVE. FLORIDA CITY, FL 33034-2007		Mailing Address 1055 NW 6TH AVE. FLORIDA CITY, FL 33034-2007
DO NOT WRITE IN THIS SPACE		
		01222006 No Chg-NP CR2E037 (11/05)
4. FEI Number 05-0148303		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		
LOVETT, BENNIE C/O 1055 NORTHWEST 6 AVENUE FLORIDA CITY, FL 33034		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EDWARDS, ERNEST C/O 1055 NW 6 AVENUE FLORIDA CITY, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOVETTE, BENNIE C/O 1055 NW 6 AVENUE HOMESTEAD, FL 33034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CRIGLER, WILLIAM C/O 1055 NW 6 AVENUE FLORIDA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEASLEY, WILLIE C/O 1055 NW 6 AVENUE FLORIDA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, HERMAN C/O 1055 NW 6 AVENUE FLORIDA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>William Crigler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/29/06</u> <small>Daytime Phone #</small>