


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03764</b> 1. Entity Name COVENANT BAPTIST CHURCH, INC.	
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Principal Place of Business 1055 NW 6TH AVE. FLORIDA CITY, FL 33034-2007	Mailing Address 1055 NW 6TH AVE. FLORIDA CITY, FL 33034-2007
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>05-0148303</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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
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	

U00000809292  
 02/08/08-80015-024 61.25

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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: Bennie Lovett Vice Director 1-27-08 305-248-5561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #