

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004421

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** COVENANT ACADEMY PREPARATORY SCHOOLS, INC.

**Current Principal Place of Business:**

1519 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

820 EAST PARK AVENUE  
SUITE I  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1519 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301

**New Mailing Address:**

POST OFFICE BOX 5969  
TALLAHASSEE, FL 32314

**FEI Number:** 05-0603235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARR, NORRIS H  
1519 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BARR, NORRIS H  
1423 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32301 US

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: NORRIS H. BARR

04/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTT ( ) Delete  
Name: BARR, NORRIS H  
Address: 1519 CHINA GROVE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VST ( ) Delete  
Name: SEYMOUR-BARR, RUBY  
Address: 1519 CHINA GROVE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: JACKSON, ROLANDA M  
Address: 185 HIGH ST.  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTT (X) Change ( ) Addition  
Name: BARR, NORRIS H  
Address: 1423 SOUTH GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VS (X) Change ( ) Addition  
Name: SEYMOUR-BARR, RUBY  
Address: 1423 SOUTH GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change ( ) Addition  
Name: ROBERSON, BERNICE  
Address: 2001 OLD ST. AUGUSTINE  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NORRIS H. BARR

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date