

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90255 039 \*\*\*\*70.00

<b>DOCUMENT # N04000006234</b> 1. Entity Name COVENANT CENTRE-GATEWAY, INC.			
Principal Place of Business 4740 BLUE PINE CIR LAKE WORTH, FL 33463		Mailing Address 4740 BLUE PINE CIR LAKE WORTH, FL 33463	
2. Principal Place of Business 3772 S. Military Trail Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33463		Country USA	
4. FEI Number 58-2488912		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALLIN, DONALD STEVEN 4740 BLUE PINE CIR LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:	
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: <u>D. Steven Fallin - President</u> DATE: <u>4/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALLIN, DONALD STEVEN 14843 4740 BLUE PINE CIR LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FALLIN, RUTH 4740 BLUE PINE CIR LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOOTH, CARMEN 135 SE 5TH AVE BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Olive 6290 N. Adderley Cay Terrace Lantana, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMICHAEL, CRAIG 1250 SW 25TH WAY BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman Benz 10254 Allamanda Cir Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMICHAEL, KAREN 1250 SW 25TH WAY BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth Cooper 14843 65th Street No. Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 another who is empowered.			
SIGNATURE: <u>D. Steven Fallin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/05 561-964-7955 <small>Date Daytime Phone #</small>	