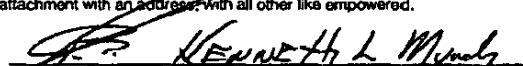


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02-28-2005 90223 019 ****61.25

DOCUMENT # N04000007194						02-28-2005 90223 019 ****61.25	
1. Entity Name COVENANT HEART FELLOWSHIP, INC.							
Principal Place of Business 4326 HIGHLAND PARK BLVD. LAKE LAND, FL 33813				Mailing Address 4326 HIGHLAND PARK BLVD. LAKE LAND, FL 33813			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MUNDY, KENNETH L 4326 HIGHLAND PARK BLVD. LAKE LAND, FL 33813				Name			
				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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE President ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME Kenneth L. Mundy				NAME			
STREET ADDRESS 4326 Highland Park Blvd				STREET ADDRESS			
CITY-ST-ZIP Lakeland, FL 33813				CITY-ST-ZIP			
TITLE Director ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME Judy K. Mundy				NAME			
STREET ADDRESS 4326 Highland Park Blvd				STREET ADDRESS			
CITY-ST-ZIP Lakeland, FL 33813				CITY-ST-ZIP			
TITLE Director ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME Kimberly Johnson				NAME			
STREET ADDRESS 1923 Casco St				STREET ADDRESS			
CITY-ST-ZIP Lakeland, FL 33801				CITY-ST-ZIP			
TITLE ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.							
SIGNATURE: 				2/2/05 8636846418			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			