2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009162 05 OCT -6 AM 9: 34 ESTABLISHING COVENANT MINISTRIES, INC. JEURL TARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1308 PLEASANT OAK LN 1308 PLEASANT OAK LN ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 38-377<u>8</u>523 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKOWITZ, LEE D 1308 PLEASANT OAK LN Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32804 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinidating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition NAME MARKOWITZ, LINDA CEO NALIF STREET ADDRESS 1308 PLEASANT OAK LN STREET ADDRESS ORLANDO, FL 32804 CITY-S1-72P CITY-ST-ZIP TITLE Octete TITLE Сћалое ■ Addition MARKOWITZ, LEE D NUME NAME STREET ADDRESS 1308 PLEASANT OAK LN STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIP nne 🕳 · Detete ME ☐ Change ☐ Addition WISECUP, DEBORAH NAME KAME 907 OAKLEAF CT STREET ADORESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITI 6 ☐ 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 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)(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 eath; that I am an officer or director of the corporation or the receiver trustee amproved to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an auac SIGNATURE:

04-01-2005 90023 047 ****70.00

N04000009162

FILED