

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

**FILED  
Aug 29, 2008  
Secretary of State**

DOCUMENT# N06000011172

Entity Name: COVENANT CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

14601 SW 264 STREET  
NARANJA, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

14601 SW 264 STREET  
NARANJA, FL 33032

**New Mailing Address:**

FEI Number: 20-5944749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HUSTON, WILLIAM H  
14601 SW 264 STREET  
NARANJA, FL 33032      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HUSTON, WILLIAM H  
Address: 14601 SW 264 STREET  
City-St-Zip: NARANJA, FL 33032

Title: V      ( ) Delete  
Name: LA FLEUR, D. ADAM  
Address: 14601 SW 264 STREET  
City-St-Zip: NARANJA, FL 33032

Title: T      ( ) Delete  
Name: HUSTON, DORIS M. HER, NANDEZ  
Address: 14601 SW 264 STREET  
City-St-Zip: NARANJA, FL 33032

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DORIS M. HERNANDEZ HUSTON

T

08/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date