

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2010
Secretary of State

DOCUMENT# N08000006507

Entity Name: COVENANT COMMUNITY R.E.A.C.H. PROJECT INC.**Current Principal Place of Business:**1010 AVENUE C
HAINES CITY, FL 33844**New Principal Place of Business:****Current Mailing Address:**PO BOX 1318
HAINES CITY, FL 33844**New Mailing Address:****FEI Number:** 24-2404976**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAKER, ANTHONY J
2518 CRESTVIEW DRIVE
HAINES CITY, FL 33844 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: PD
Name: BAKER, ANTHONY J
Address: 2518 CREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VPD
Name: WILLIAMS, TONY
Address: 31 GRAVES STREET
City-St-Zip: HAINES CITY, FL 33884

Title: SD
Name: DAVIS, DARLENE
Address: 100 EMERALD ISLE ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: TD
Name: FRANKLIN, CHARLES
Address: 2120 NAVEL CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: WEST, BETTYE
Address: 1412 WOOD AVENUE
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY J. BAKER

PRES

05/21/2010

Electronic Signature of Signing Officer or Director

Date