

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12958

FILED  
Aug 27, 2005  
Secretary of State

**Entity Name:** COVENANT COMMUNITY CHURCH OF HAINES CITY, INC.

**Current Principal Place of Business:**

1010 AVENUE C  
POB 1318  
HAINES CITY, FL 33845

**New Principal Place of Business:**

**Current Mailing Address:**

1010 AVENUE C  
POB 1318  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** 59-2781223      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BAKER, ANTHONY J.  
2518 CREST 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      ( ) Delete  
Name: BAKER, ANTHONY J.,  
Address: 2518 CREST DR  
City-St-Zip: HAINES CITY, FL 33844

Title: VD      ( ) Delete  
Name: WILLIAMS, TONY  
Address: 31 GRAVES ST.  
City-St-Zip: HAINES CITY, FL

Title: SD      ( ) Delete  
Name: DAVIS, DARLENE  
Address: 100 EMERALD ISLE RD  
City-St-Zip: HAINES CITY, FL 33844

Title: T      ( ) Delete  
Name: FRANKLIN, CHARLES  
Address: 2120 NAVEL CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY J. BAKER

PD

08/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date