

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12958

FILED  
Oct 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2795 NORTH 10TH STREET  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1318  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** 59-2781223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, ANTHONY J PRES  
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: ANTHONY J. BAKER

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 NAVAL CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

Title: T ( ) Delete  
Name: WEST, BETTYE D TRUSTEE  
Address: 1412 WOOD AVENUE  
City-St-Zip: HAINES CITY, FL 33844 US

**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:

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: ANTHONY J. BAKER

PD

10/29/2008

Electronic Signature of Signing Officer or Director

Date