

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12958

FILED
Sep 01, 2009
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 ()**
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 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: _____

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

PRES

09/01/2009

Electronic Signature of Signing Officer or Director

Date