

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 08, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39476 (9)**  
1. Corporation Name  
**COVENANT FOUNDATION INC.**



Principal Place of Business  
**24 FRESHWATER DR  
PALM HARBOR FL 34664  
US**

Mailing Address  
**24 FRESHWATER DR  
PALM HARBOR FL 34664  
US**

3. Date Incorporated or Qualified  
**08/07/1990**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3026471</b>		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**BLEVINS, ESTEL MILLARD  
24 FRESHWATER DR  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, EARL R</b>	1.2 NAME	<b>A.G. Smith</b>
STREET ADDRESS	<b>1910 E BOARD ST</b>	1.3 STREET ADDRESS	<b>2699 Seville Blvd. Apt. 703</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater FL 34624</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, BETTY K</b>	2.2 NAME	
STREET ADDRESS	<b>5120 COTTONWOOD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREDRICKSBURG VA 22407</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, DONALD E</b>	3.2 NAME	
STREET ADDRESS	<b>31700 MADISON AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON HEIGHTS MI 48071</b>	3.4 CITY-ST-ZIP	
TITLE	ED/P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEVINS, E.M. ZEKE</b>	4.2 NAME	
STREET ADDRESS	<b>24 FRESHWATER DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	4.4 CITY-ST-ZIP	
TITLE	VP/S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEVINS, MARY A</b>	5.2 NAME	
STREET ADDRESS	<b>24 FRESHWATER DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mary A. Blevins* Mary A. Blevins

Jan 28 1996

9347049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)