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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46069 (3)
1. Corporation Name
COVENANT FELLOWSHIP, INC.



Principal Place of Business 609 TELFAIR BRANDON FL 33511	Mailing Address 609 TELFAIR BRANDON FL 33511
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3. Date Incorporated or Qualified 11/18/1991	
4. FEI Number 59-3083377	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BAUKNIGHT, TOMMY
511 ALMA DRIVE
BRANDON FL 33511**

10. Name and Address of New Registered Agent
81 Name Rountree, Charles
82 Street Address (P.O. Box Number is Not Acceptable) 512 Lithia Way
83 City
84 City Brandon FL 85 Zip Code 33511

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 CHARLES ROUNTREE *Charles Rountree* **4/11/98**
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 PD	<input type="checkbox"/> DELETE	1.1 TITLE ROUNTREE, CHARLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROUNTREE, CHARLES		1.2 NAME	
STREET ADDRESS 512 LITHIA WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE HARRELL, EMORY J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRELL, EMORY J.		2.2 NAME	
STREET ADDRESS 609 TELFAIR		2.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE WICKES, LELAND L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WICKES, LELAND L		3.2 NAME	
STREET ADDRESS 240 FAITHWAY DR		3.3 STREET ADDRESS	
CITY-ST-ZIP SEFFNER FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE BAUKNIGHT, TOMMY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAUKNIGHT, TOMMY		4.2 NAME	
STREET ADDRESS 511 ALMA DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE EARHART, PHILIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EARHART, PHILIP		5.2 NAME	
STREET ADDRESS 1322 OAK VALEY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP SEFFNER FL		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	

Treasure Harrell, Judy Y
609 Telfair Rd.
Brandon, FL 33510

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles Rountree* **2/11/98** **813-662-9317**

CR2E037 (10/97)