


FILE NOW: FILING FEE IS \$61.25

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

3. Date Incorporated or Qualified 11/18/1991	4. FEI Number 59-3083377	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 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 Brandon	84 State 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 (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Rountree, Charles	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 LITHIA WAY	1.2 NAME	
STREET ADDRESS	BRANDON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD Harrell, Emory J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	609 TELFAIR	2.2 NAME	
STREET ADDRESS	BRANDON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S Wickes, Leland L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	240 FAITHWAY DR	3.2 NAME	
STREET ADDRESS	SEFFNER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD Bauknight, Tommy	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	511 ALMA DR.	4.2 NAME	
STREET ADDRESS	BRANDON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS Earhart, Philip	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1322 OAK VALEY DR	5.2 NAME	
STREET ADDRESS	SEFFNER FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)