
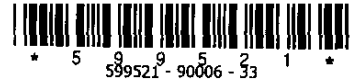


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90006 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46069					
1. Corporation Name COVENANT FELLOWSHIP, INC.					
Principal Place of Business 609 TELFAIR BRANDON FL 33511			Mailing Address 609 TELFAIR BRANDON FL 33511		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3093377	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROUNTREE, CHARLES 512 LITHIA WY BRANDON FL 33511				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROUNTREE, CHARLES			1.2 NAME			
STREET ADDRESS	512 LITHIA WY			1.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	<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	DELETE		3.1 TITLE	<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	T. JAMES HARRELL	DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRELL, JUDY Y			4.2 NAME			
STREET ADDRESS	609 TELFAIR RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			4.4 CITY-ST-ZIP			
TITLE	AS	DELETE		5.1 TITLE	<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		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Charles

7-27-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)