2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N93000000867

Entity Name: COVENANT COMMUNITY MINISTRIES, INC.

Current Principal Place of Business:

940 TARPON STREET
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

940 TARPON STREET
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0395410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLEASANT, DAVID J REV.
7700 DENI DR
N FORT MYERS, FL 33903 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: PLEASANT, DAVID J
Address: 7700 DENI DR.
City-St-Zip: N FORT MYERS, FL 33903

Title: VD ( ) Delete
Name: FLAMMIA, ANTHONY
Address: 18050 OTTER WATER WAY
City-St-Zip: ALVA, FL 33920

Title: S ( ) Delete
Name: FLAMMIA, NANCY
Address: 18050 OTTER WATER WAY
City-St-Zip: ALVA, FL 33920

Title: S ( ) Delete
Name: DICOSTA, ANTHONY
Address: 1304 SE 10 STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: TD ( ) Delete
Name: MONDELL, LAURA M
Address: 1422 NE 1 STREET
City-St-Zip: CAPE CORAL, FL 33909

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 for the exemption stated in Section 119.07(3)(i), 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: LAURA M MONDELL TD 04/28/2004
Electronic Signature of Signing Officer or Director — Date