

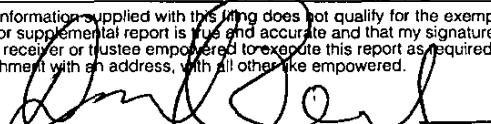


FILED
May 01, 2006 8:00 am
Secretary of State

400102-

DOCUMENT # N93000000867						05-01-2006 90350 015 ****61.25	
1. Entity Name COVENANT COMMUNITY MINISTRIES, INC.							
Principal Place of Business 940 TARPON STREET FT. MYERS, FL 33916			Mailing Address 940 TARPON STREET FT. MYERS, FL 33916			40010000	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192006 Chg-NP CR2E037 (11/05)	
City & State			City & State			4. FEI Number 65-0395410	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PLEASANT, DAVID J REV. 916 NW 1ST ST CAPE CORAL, FL 33993				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLEASANT, DAVID J			NAME			
STREET ADDRESS	916 NW 1ST ST			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33993			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAMMIA, ANTHONY			NAME	VP		
STREET ADDRESS	18050 OTTER WATER WAY			STREET ADDRESS	Darren Peoples		
CITY-ST-ZIP	ALVA, FL 33920			CITY-ST-ZIP	11790 Bramble Cove Drive		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAMMIA, NANCY			NAME	Sect. Chris Hansen		
STREET ADDRESS	18050 OTTER WATER WAY			STREET ADDRESS	5501 Park Rd		
CITY-ST-ZIP	ALVA, FL 33920			CITY-ST-ZIP	Ft Myers FL 33908		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DICOSTA, ANTHONY			NAME	Treas. Todd Hilstad		
STREET ADDRESS	628 SE 30TH ST			STREET ADDRESS	120 SE 12th Court		
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP	Cape coral FL 33990		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONDELL, LAURA M			NAME			
STREET ADDRESS	1422 NE 1 ST			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33909			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				4-25-06 239-334-1136			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			