

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McMath Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001199 (9)**

1. Corporation Name

COVENANT COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business 1634 NW 6TH AVENUE FLORIDA CITY FL 33034 US	Mailing Address P.O. BOX 800370 HOMESTEAD FL 33090-0370 US
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3. Date Incorporated or Qualified 03/05/1993	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0390499	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEHEMIAH DAVIS 1634 NW 6TH AVENUE FLORIDA CITY FL 33034	
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10. Name and Address of New Registered Agent 400002244424 -07/22/97--01119-018 ***61.25 FL	
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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 *Neemiah Davis* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ANDREWS ISRAEL
STREET ADDRESS	587 NW 3RD STREET
CITY-ST-ZIP	FLORIDA CITY FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	RILEY JULIUS
STREET ADDRESS	684 N.W. 9TH ST.
CITY-ST-ZIP	FLORIDA CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	COLE, MARY LOUISE
STREET ADDRESS	22025 SW 87TH AVENUE
CITY-ST-ZIP	CUTLER RIDGE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JENSEN, BOB
STREET ADDRESS	1550 N. KROME AVE.
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BALWIN, DARIN
STREET ADDRESS	P.O. BOX 343045
CITY-ST-ZIP	FLORIDA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCKLEY ETHEL
STREET ADDRESS	712 NW 7TH AVENUE
CITY-ST-ZIP	FLORIDA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andrews, Israel J.
1.3 STREET ADDRESS	587 NW 3rd Street
1.4 CITY-ST-ZIP	Florida City, FL 33034
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Riley, Julius
2.3 STREET ADDRESS	684 N.W. 9th St.
2.4 CITY-ST-ZIP	Fl. City, FL 33034
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cole, Mary Louise
3.3 STREET ADDRESS	22025 SW 87th Avenue
3.4 CITY-ST-ZIP	Cutler Ridge, FL 33032
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jensen, Bob
4.3 STREET ADDRESS	1550 N. Krome Ave.
4.4 CITY-ST-ZIP	Homestead, FL 33157
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Baldwin, Darin
5.3 STREET ADDRESS	P.O. Box 343045
5.4 CITY-ST-ZIP	Florida City, FL 33032 N/A
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Buckley, Ethel
6.3 STREET ADDRESS	712 NW 7th Avenue
6.4 CITY-ST-ZIP	Florida City, FL 33034

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(j), 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.

CR2E037 (9/96)

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