PLEASE READ	ALL INSTRUCT	TIONS BEFORE	COMPLETIN	IG TH	IIS FORM.		
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED			
DOCUMENT # N 9300 C 1. Corporation Name COVENANT COMMUNITY		P MINISTAIC		SI Single	4 MAR -3 ECRETARY (ENTENNE DE 973: -0105701	N 12 03	
2. Principal Office Address 672 NN 90th TERRACE Suite, Apt. #, etc. BCDG # 24 City & State PURNTATION PL Zip Country	3. Mailing Office Addre 273 S. STATE Suite, Apt. #, etc. # 252 City & State MANGATO Zip	ROAD 7	03/0 4. Date Incorpor To Do Busine 5. FEI Number 650 2	[] [] [] [] 2/04- rated or Q sss in Flor	029732 -0105700 Qualified 7.00 q3	2512 19 **122.50 6 · /993 Applied For Not Applicab	
33324 U.S.A	33068	4.5.A	CERTIFICATE O	FSTATUS	DESIRED 58.78	Additional Fee require a Certificate of Statu	
Name	7. Name and /	Address of Current Regist	ared Agent				
TOHN M. R. Street Address (P.O. Box Number is N.	ot Acceptable) L TENNACE - 24 W E			State FL	Zip Code 33324		

Signature o Registered		Date 2 · 10 · 04					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip				
PD	JOHN M. n. GONDON	672 N.W. 90 th TENKACE	PLANTATION PL 33324				
D	ANDREW GONDON	2800 N.W. SE AVE, HB-201	LANDERHILL FL 33313				
SD	ANDREA JOLLY	#108 3357 SOUTH PALM ANNE DR.	POMPANO BEACH FL 33069				
73	AUBREY FREDRICKS	19059 N.W. 46th AVE	LANDERHOLL FL 33313				
D	LINDA GONDON	672 N.W. goth TEARACE #24	RANTATION FL 33324				

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

- ANDREW A. GORDON 2.10.04

CR25081 (01/04)



Covenant Community Fellowship

Worshipping at Westpine Middle School 9393 NW 50th Street, Sunrise, FL 33351 Mailing Address: 273 S. State Road 7, #232

Margate, FL 33068

(954) 969-8485 ~ Fax: (954) 969-8478

Email: ccf@covcom.org

Senior Pastor: Bishop John M.R. Gordon

To Whom It May Concern

This is to inform you that the notice from your office was returned to the Post Office. Our new mailing address is listed above.

Bishop John Gordon.