

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004189

FILED
Jun 30, 2005
Secretary of State

Entity Name: COVENANT OF FAITH FELLOWSHIP INTERNATIONAL, INC.

Current Principal Place of Business:

1226 S. ARCADIA AVE.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 126
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 03-0374506 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIEDKE, LARRY
8266 SOUTH EAST HWY 31
ARCADIA, FL 34266 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: LIEDKE, LARRY
Address: 8266 S.E. HWY 31
City-St-Zip: ARCADIA, FL 34266

Title: VTD () Delete
Name: LEIPHON, JOHN
Address: PO BOX 3286
City-St-Zip: FT PIERCE, FL 34948

Title: CD () Delete
Name: LEWIS, JERRY
Address: POST OFFICE BOX 3286
City-St-Zip: FT. PIERCE, FL 34948

Title: D () Delete
Name: FUENTES, DILMAN
Address: 1481 N.E. LIVINGSTON ST
City-St-Zip: ARCADIA, FL 34266

Title: CM () Delete
Name: SICA, VINCENT
Address: 124 N. BREVARD AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: LIEDKE, LEAH
Address: 8266 S. E. HWY. 31
City-St-Zip: ARCADIA, FL 34266

Title: CD (X) Change () Addition
Name: OWEN, KURT
Address: POST OFFICE BOX 3286
City-St-Zip: FT. PIERCE, FL 34948

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CM (X) Change () Addition
Name: TUCKER, DALE
Address: 9604 SW HWY. 72
City-St-Zip: ARCADIA, FL 34266

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: LARRY LIEDKE

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date