## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003793

Title:

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FREEMAN, KEN

BLEVINS, DOUG

6406 CEDAR MTN RD

DOUGLASVILLE, GA 30134

3600 CHILDERS RD

ORTONVILLE, MI 48462

Entity Name: CHURCH OF THE COVENANT, INC.

FILED Mar 31, 2009 Secretary of State

2699 SEVIL SUITE 701	incipal Place of LE BLVD, TER, FL 33764		ipal Place of I	Business:		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 4805 CLEARWATER, FL 33758			SUITE 701	2699 SEVILLE BLVD, SUITE 701 CLEARWATER, FL 33764		
FEI Number: 59-3026471 FEI Number Applied For ( ) FEI Nu		El Number Not Appl	cable ( )	Certificate of Status Desired ( )		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ROBINSON, MARY A 2699 SEVILLE BLVD 701 CLEARWATER, FL 33764 US						
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 DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E ROBINSON, MAR 24 FRESHWATE PALM HARBOR,	R DR	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ()E BLEVINS, ESTEL 2699 SEVILLE B CLEARWATER, F	LVD	Title: Name: Address: City-St-Zip:	D (X) BLEVINS, ESTE 2699 SEVILLE E CLEARWATER,	BLVD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY A. ROBINSON D 03/31/2009

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(X) Change ( ) Addition

BLEVINS, DOUG

6496 CEDAR MTN RD

DOUGLASVILLE, GA 30134