

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 14, 2009
Secretary of State**

DOCUMENT# N00000005741

Entity Name: COVENANT MISSIONS, INC.

Current Principal Place of Business:

10040 SW 70 STREET
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10040 SW 70 STREET
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-1038391 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:

BROWN, WILLIAM F JR
10040 SW 70 STREET
MIAMI, FL 33173 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: D () Delete
Name: BROWN, WILLIAM F JR
Address: 10040 SW 70 STREET
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: ARGUELLO, NESTOR
Address: 7803 SW 129 PL
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: VARONA, OSCAR
Address: 11105 SW 125 STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: DELGADILLO, NOEL E
Address: 11425 SW 104 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: BILL BROWN

D

07/14/2009

Electronic Signature of Signing Officer or Director

_____ Date