


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90379 003 ****61.25

DOCUMENT # N00000006273	
1. Entity Name	
GOD'S COVENANT MISSION CENTER, INC. OF VOLUSIA COUNTY	

Principal Place of Business	Mailing Address
247 W VOORHIS AVE SUITE #3 DELAND FL 32720	P. O. BOX 333 LAKE HELEN FL 32744

2. Principal Place of Business	3. Mailing Address
395 Church Street	P.O. Box 333
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
LAKE Helen, FLA	LAKE Helen, FLA
Zip	Zip
32744	32744
Country	Country
USA	USA

4. FEI Number	Applied For
59-3678600	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent
HOUGH, JERUTHA 549 SHERMAN ST. LAKE HELEN FL 32744

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, DONNA	NAME	
STREET ADDRESS	544 W. BERESFORD RD	STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, RAYFIELD	NAME	
STREET ADDRESS	305 CHURCH STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, LORETTA	NAME	
STREET ADDRESS	635 WEST OHIO	STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE: *Jerutha Hough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05

Date Daytime Phone #