

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006273

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: GOD'S COVENANT MISSION CENTER, INC. OF VOLUSIA COUNTY

## Current Principal Place of Business:

395 CHURCH STREET  
LAKE HELEN, FL 32744

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 333  
LAKE HELEN, FL 32744

## New Mailing Address:

FEI Number: 59-3678600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOUGH, JERUTHA  
549 SHERMAN ST.  
LAKE HELEN, FL 32744 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: JENKINS, DONNA  
Address: 544 W. BERESFORD RD  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: CAMPBELL, RAYFIELD  
Address: 305 CHURCH STREET  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Delete  
Name: DUKES, LORETTA  
Address: 635 WEST OHIO  
City-St-Zip: LAKE HELEN, FL 32744

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: JENKINS, DONNA  
Address: 544 W. BERESFORD RD  
City-St-Zip: DELAND, FL 32720

Title: D (X) Change ( ) Addition  
Name: WHITES, PATRICIA  
Address: 502 SOUTH THOMSPSON  
City-St-Zip: DELAND, FL 32720

Title: O (X) Change ( ) Addition  
Name: DUKES, LORETTA  
Address: 635 WEST OHIO  
City-St-Zip: LAKE HELEN, FL 32744

Title: O ( ) Change (X) Addition  
Name: HAMILTON, GARY  
Address: 1012 E HOWRY  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA W. WHITES

D

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date