2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# N00000006273

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

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

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

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

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 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 MS 04/21/2007

Electronic Signature of Signing Officer or Director — Date