2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006273

FILED Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

395 CHURCH STREET 502 SOUTH THOMPSON STREET

LAKE HELEN, FL 32744 DELAND, FL 32720

Current Mailing Address: New Mailing Address:

P. O. BOX 333 502 SOUTH THOMPSON STREET

LAKE HELEN, FL 32744 DELAND, FL 32720

FEI Number: 59-3678600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOUGH, JERUTHA WHITES, PATRICIA

549 SHERMAN ST. 502 SOUTH THOMPSON STREET

LAKE HELEN, FL 32744 US DELAND, FL 32720 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: PATRICIA W. WHITES 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: O () Delete Title: MRS (X) Change () Addition

 Name:
 JENKINS, DONNA
 Name:
 JENKINS, DONNA

 Address:
 544 W. BERESFORD RD
 Address:
 544 W. BERESFORD RD

 City-St-Zip:
 DELAND, FL 32720
 City-St-Zip:
 DELAND, FL 32720

Title: D () Delete Title: MS (X) Change () Addition

 Name:
 WHITES, PATRICIA
 Name:
 COLE, CALLIE

 Address:
 502 SOUTH THOMSPSON
 Address:
 JOE SMITH LANE

 City-St-Zip:
 DELAND, FL 32720
 City-St-Zip:
 LAKE HELEN, FL 32744

Title: O () Delete Title: MRS (X) Change () Addition Name: DUKES, LORETTA Name: DUKES, LORETTA

 Name:
 DUKES, LORETTA
 Name:
 DUKES, LORETTA

 Address:
 635 WEST OHIO
 Address:
 635 WEST OHIO

 City-St-Zip:
 LAKE HELEN, FL 32744
 City-St-Zip:
 LAKE HELEN, FL 32744

 Name:
 HAMILTON, GARY
 Name:
 HAMILTON, GARY

 Address:
 1012 E HOWRY
 Address:
 1012 E HOWRY

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:
 DELAND, FL 32724

Title: () Delete Title: MR () Change (X) Addition

 Name:
 Name:
 HOUGH, DWAIN

 Address:
 Address:
 549 SHERMAN STREET

 City-St-Zip:
 City-St-Zip:
 LAKE HELEN, FL 32744

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: PATRICIA W. WHITES MS 04/28/2008