# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# N00000006273

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

**Current Principal Place of Business:**

502 SOUTH THOMPSON STREET
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

502 SOUTH THOMPSON STREET
DELAND, FL 32720

**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:**

WHITES, PATRICIA
502 SOUTH THOMPSON STREET
DELAND, FL 32720 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: MRS ( ) Delete
Name: JENKINS, DONNA
Address: 544 W. BERESFORD RD
City-St-Zip: DELAND, FL 32720

Title: MS ( ) Delete
Name: COLE, CALLIE
Address: JOE SMITH LANE
City-St-Zip: LAKE HELEN, FL 32744

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

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

Title: MR ( ) Delete
Name: HOUGH, DWAIN
Address: 549 SHERMAN STREET
City-St-Zip: LAKE HELEN, FL 32744

**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:

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: PATRICIA W. WHITES MS 04/27/2009

Electronic Signature of Signing Officer or Director — Date