

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90971 026 ****61.25

DOCUMENT # N00000006273

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



Principal Place of Business

**549 SHERMAN ST
LAKE HELEN FL 32744**

Mailing Address

**P. O. BOX 333
LAKE HELEN FL 32744**

2. Principal Place of Business

247 W. Voorhis Ave

Suite, Apt. #, etc.
Suite # 3

City & State
Deland Florida

Zip
32720

Country
USA

3. Mailing Address

P.O. Box 333

Suite, Apt. #, etc.

City & State
Lake Helen Fla

Zip
32744

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3678600**

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$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 **Jerutha Hough**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, DONNA	
STREET ADDRESS	544 W. BERESFORD RD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEELY, ZELTA	
STREET ADDRESS	5550 NEW JERSRY AVE	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKES, LORETTA	
STREET ADDRESS	635 WEST OHIO	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**

4-4-03

CR2E037 (10/02)