## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007430

FILED Apr 18, 2008 Secretary of State

Entity Name: COVENANT MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16820 S. W. 109 AVENUE MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** P.O. BOX 570-116 P. O. BOX 570-116 MIAMI, FL 33257 MIAMI, FL 33257 FEI Number: 65-1157125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKINS, LINDA R 16820 S.W. 109TH AVE MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete DP () Change () Addition HAWKINS, LINDA R Name: Name: 16820 S.W. 109TH AVE Address: Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HAWKINS, JENNIFER N Name: Address: 16820 SW 109 AVENIE Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition JOHNSON, PATRICIA ROYAL, VELMA Name: Name: 861 NE 155 TERRACE Address: 17043 NW 22 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: MIAMI, FL 33062 US Title: Title: () Change () Addition ( ) Delete HARTLEY, DELORES Name: Name: 14700 WASHINGTON BLVD APT #302 Address: Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition BAKER, SABRINA Name: Name: 19400 OAK MONTE DRIVE Address: Address: MIAMI LAKES, FL 33168 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCMILLON, STEPHANIE ROLLE, STEPHANIE Name: Name: Address: 1585 W 34 STREET Address: 1585 W 34 STREET WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US City-St-Zip: 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: LINDA R. HAWKINS DP 04/18/2008