

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009665

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** COVERED BRIDGE MINISTRIES, INC.

**Current Principal Place of Business:**

671 ROYAL OAK DRIVE EAST  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

PO BOX 1085  
ZELLWOOD, FL 32798

**Current Mailing Address:**

671 ROYAL OAK DRIVE EAST  
WINTER GARDEN, FL 34787

**New Mailing Address:**

PO BOX 1085  
ZELLWOOD, FL 32798

**FEI Number:** 13-4228873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITTS, NEAL P ESQ  
80 BONNIE LOCH COURT  
ORLANDO, FL 32806 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: DP ( ) Delete  
Name: LEBLANC, JOAN  
Address: 671 ROYAL OAK DRIVE EAST  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: HENSON, PATRICIA A  
Address: 1162 CARMEL CIRCLE #450  
City-St-Zip: CASSELBERRY N, FL 327076453

Title: DST (X) Delete  
Name: MILLS, BRENDA  
Address: 2425 BEACH AVE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: PITTS, NEAL  
Address: 80 BONNIE LOCH COURT  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: SUNDERMAN, ERIC  
Address: 150 SEVILLE CHASE DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: WESCOTT, DENA  
Address: 8737 BUTTERNUT BLVD  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LEBLANC, JOAN  
Address: PO BOX 1085  
City-St-Zip: ZELLWOOD, FL 32798

Title: D (X) Change ( ) Addition  
Name: HENSON, PATRICIA A  
Address: 1166 CARMEL CIRCLE #220  
City-St-Zip: CASSELBERRY, FL 327076455

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: JOAN LEBLANC

PRES

02/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date