2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N02000009665

Entity Name: COVERED BRIDGE MINISTRIES, INC.

Current Principal Place of Business:

1166 CARMEL CIRCLE #220
CASSELBERRY, FL 32707 US

New Principal Place of Business:

23800 LAKE CHANCELLOR DRIVE
SORRENTO, FL 32776 US

Current Mailing Address:

1166 CARMEL CIRCLE #220
CASSELBERRY, FL 32707 US

New Mailing Address:

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: PO BOX 1085
City-St-Zip: ZELLWOOD, FL 32798 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LEBLANC, JOAN
Address: 23800 LAKE CHANCELLOR DRIVE
City-St-Zip: SORRENTO, FL 32776 US

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: JOAN LEBLANC PRES 04/24/2008
Electronic Signature of Signing Officer or Director — Date