2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N02000009946

Entity Name: COVENANT LIFE FELLOWSHIP OF OCALA, INC.

Current Principal Place of Business:

4545 SE 57TH LN
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

4545 SE 57TH LN
OCALA, FL 34480

New Mailing Address:

FEI Number: 68-0539648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JOHN A ESQ.
101 E. KENNEDY BLVD., STE. 2700
TAMPA, FL 33602 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: PD ( ) Delete
Name: OWENBY, TED C
Address: 4545 SE 57TH LN
City-St-Zip: OCALA, FL 34480

Title: STD ( ) Delete
Name: OWENBY, SUSAN
Address: 4545 SE 57TH LN
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: OWENBY, ROBERT E
Address: 3624 SE 45TH PLACE
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: BROOME, W.L.
Address: 16723 SE 173RD TERRACE. RD
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete
Name: WILLIAMS, JOHN A
Address: 23344 DINHURST CT
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: OWENBY, SUSAN D
Address: 4545 SE 57TH LN
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, JOHN A
Address: 18105 PECAN GROVE PLACE
City-St-Zip: LUTZ, FL 33548

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: SUSAN D. OWENBY STD 04/28/2009

Electronic Signature of Signing Officer or Director — Date