

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007315

FILED
Mar 25, 2009
Secretary of State

Entity Name: FAITH COVENANT MINISTRIES, INC.

Current Principal Place of Business:

6252 COMMERCIAL WAY #211
WEEKI WACHEE SPRINGS, FL 34613 US

New Principal Place of Business:

11705 BOYETTE ROAD
SUITE 158
RIVERVIEW, FL 33569 US

Current Mailing Address:

6252 COMMERCIAL WAY #211
WEEKI WACHEE SPRINGS, FL 34613 US

New Mailing Address:

11705 BOYETTE ROAD
SUITE 158
RIVERVIEW, FL 33569 US

FEI Number: 20-1228404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, SHEILA A
6252 COMMERCIAL WAY #211
WEEKI WACHEE SPRINGS, FL 34613 US

Name and Address of New Registered Agent:

BLAIR, SHEILA A
11705 BOYETTE ROAD
SUITE 158
RIVERVIEW, FL 33569 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: ENGLETON, KEVIN L TRUSTEE
Address: 6252 COMMERCIAL WAY #211
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MRS. () Delete
Name: ELLIS, RUBY G TRUSTEE
Address: 6252 COMMERCIAL WAY #211
City-St-Zip: WEEKI WACHEE, FL 34613 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: ENGLETON, KEVIN L TRUSTEE
Address: P. O. BOX 977
City-St-Zip: RIVERVIEW, FL 33568 US

Title: MRS. (X) Change () Addition
Name: ELLIS, RUBY G TRUSTEE
Address: 11705 BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569 US

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: SHEILA A. BLAIR

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date