

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007269

FILED  
Sep 11, 2009  
Secretary of State

**Entity Name:** COVENANT HOLINESS CHURCH INC.

**Current Principal Place of Business:**

334 W BURLEIGH BLVD  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 446  
ASTATULA, FL 34705

**New Mailing Address:**

**FEI Number:** 65-1141400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BOWERS, ROBERT C  
25251 MADISON ST  
ASTATULA, FL 34705      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: P      ( ) Delete  
Name: BOWERS, ROBERT C  
Address: 25251 MADISON ST  
City-St-Zip: ASTATULA, FL 34705

Title: T      ( ) Delete  
Name: BOWERS, TRACY  
Address: 25251 MADISON ST  
City-St-Zip: ASTATULA, FL 34705

Title: S      ( ) Delete  
Name: SMITH, JAMES F  
Address: PO BOX 56  
City-St-Zip: CENTER HILL, FL 33514

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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: VP      ( ) Change (X) Addition  
Name: CANNON, MIKE B  
Address: 903 MIMOSA WAY  
City-St-Zip: LADY LAKE, FL 32159

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: TRACY BOWERS

T

09/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date