

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000189

FILED
Apr 30, 2009
Secretary of State

Entity Name: COVENANT MINISTRIES, INC.

Current Principal Place of Business:

15994 LEMACK RD.
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15994 LEMACK RD.
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 20-4224550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, HEATHER R DR.
15994 LEMACK RD.
DADE CITY, FL 33523 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: FIELDS, ALBERT T III
Address: 15994 LEMACK RD.
City-St-Zip: DADE CITY, FL 33523

Title: VP,T () Delete
Name: FIELDS, HEATHER R DR.
Address: 15994 LEMACK RD.
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: GORDON, DEBRA
Address: 6437 55TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

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:

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: HEATHER R FIELDS

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date