2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005113

Entity Name: COVENANT CHAPEL MINISTRIES, INC.

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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9815 REYLINDA AVENUE 8611 N. 11TH STREET THONOTOSASSA, FL 33592 US TAMPA, FL 33604 US

Current Mailing Address: New Mailing Address:

9815 REYLINDA AVENUE 8611 N. 11TH STREET THONOTOSASSA, FL 33592 US TAMPA, FL 33604 US

FEI Number: 20-4857741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

JONES, TRACEY
9815 REYLINDA AVENUE
THONOTOSASSA, FL 33592 US
CROCKER, TRACEY D
8611 N. 11TH STREET
TAMPA, FL 33604 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: TRACEY D. CROCKER 02/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P T () Delete Title: P T (X) Change () Addition Name: CROCKER, CORY Name: CROCKER, CORY W

 Name:
 CROCKER, CORY
 Name:
 CROCKER, CORY W

 Address:
 PO BOX 271603
 Address:
 8611 N. 11TH STREET

 City-St-Zip:
 TAMPA, FL 33688 US
 City-St-Zip:
 TAMPA, FL 33604 US

Title: VP S () Delete Title: VP S (X) Change () Addition Name: JONES, TRACEY D CROCKER, TRACEY D

Address: 9815 REYLINDA AVENUE Address: 8611 N. 11TH STREET
City-St-Zip: THONOTOSASSA, FL 33592 US City-St-Zip: TAMPA, FL 33604 US

Title: D () Change (X) Addition

 Name:
 Name:
 LABREE, HEATHER M

 Address:
 Address:
 8513 N. 10TH STREET

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33604

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: TRACEY D. CROCKER VP 02/08/2008