2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009215

Entity Name: COVENANT HEARTS MINISTRIES, INC.

FILED Aug 21, 2008 Secretary of State

Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:
862 LANCE OCOEE, FI	ER CIRCLE	New I IIIIc	pair face of Business.
Current Mailing Address:		New Mailing Address:	
862 LANCER CIRCLE OCOEE, FL 34761			
	26-1078798 FEI Number Applied For () FEI Number with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	•	
BUSINESS 1203 GOVE SUITE 101 TALLAHAS	FILINGS INCORPORATED ERNORS SQUARE BLVD ESEE, FL 323012960 US named entity submits this statement for the purpose of		
SIGNATURE: Electronic Signature of Registered Agent			 Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete HAYSLIP, AUBREY 862 LANCER CIRCLE OCOEE, FL 34761	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	VPD () Delete HAYSLIP, GWENDOLYN 862 LANCER CIRCLE OCOEE, FL 34761	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete SCANTLING, WENDI 862 LANCER CIRCLE OCOEE, FL 34761	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SCANTLING, WENDI 7273 BRANCHTREE DRIVE ORLANDO, FL 32835
Title: Name: Address: City-St-Zip:	T () Delete WIDER, BRENDA 862 LANCER CIRCLE OCOEE, FL 34761	Title: Name: Address: City-St-Zip:	T (X) Change () Addition WIDER, BRENDA 133 JAKE COURT OCOEE, FL 34761
Title: Name: Address: City-St-Zip:	D () Delete HOWELL, MICHAEL 862 LANCER CIRCLE OCOEE, FL 34761	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HOWELL, MICHAEL 977 CHAUNCEY COURT OCOEE, FL 34761
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SCANTLING, WAYNE 7273 BRANCHTREE DRIVE ORLANDO, FL 32835

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: AUBREY HAYSLIP PD 08/21/2008