


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90186 040 \*\*\*\*61.25

<b>DOCUMENT # N07000009611</b> 1. Entity Name <b>COVENANT GLORY MINISTRIES, INC.</b>						
Principal Place of Business <b>1880 SE COUNTY RD. 252 LAKE CITY, FL 32025</b>				Mailing Address <b>P. O. BOX 1696 LAKE CITY, FL 32056</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		04252008    Chg-NP    CR2E037 (12/06)		
Zip		Country		4. FEI Number <b>11-3836276</b>		
				Applied For <input type="checkbox"/> Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SWEARENGIN, GEORGE A 1880 SE COUNTY RD. 252 LAKE CITY, FL 32025</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUCER, LARRY			NAME		
STREET ADDRESS	307 SW BLACK PINE TERR.			STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUCER, JENNIFER			NAME		
STREET ADDRESS	307 SW BLACK PINE TERR.			STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEARENGIN, GEORGE A			NAME		
STREET ADDRESS	P. O. BOX 1696			STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320561696			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEARENGIN, ANNA			NAME		
STREET ADDRESS	P. O. BOX 1696			STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320561696			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, CHRISTOPHER			NAME		
STREET ADDRESS	2107 CANDIES LANE NW			STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, TN 37312			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, JOY			NAME		
STREET ADDRESS	2107 CANDIES LANE NW			STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, TN 37312			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE: <u>George A. Swearengin</u> / <u>George A. Swearengin</u> 4/22/08 386-752-0101</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						