

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009611

FILED
Apr 28, 2009
Secretary of State

Entity Name: COVENANT GLORY MINISTRIES, INC.

Current Principal Place of Business:

1880 SE COUNTY RD. 252
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1696
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 11-3836276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEARENGIN, GEORGE A
1880 SE COUNTY RD. 252
LAKE CITY, FL 32025 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: D () Delete
Name: SAUCER, LARRY
Address: 307 SW BLACK PINE TERR.
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: SAUCER, JENNIFER
Address: 307 SW BLACK PINE TERR.
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: SWEARENGIN, GEORGE A
Address: P. O. BOX 1696
City-St-Zip: LAKE CITY, FL 320561696

Title: D () Delete
Name: SWEARENGIN, ANNA
Address: P. O. BOX 1696
City-St-Zip: LAKE CITY, FL 320561696

Title: D () Delete
Name: ALLEN, CHRISTOPHER
Address: 2107 CANDIES LANE NW
City-St-Zip: CLEVELAND, TN 37312

Title: D () Delete
Name: ALLEN, JOY
Address: 2107 CANDIES LANE NW
City-St-Zip: CLEVELAND, TN 37312

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: () 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: GEORGE A SWEARENGIN

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date