

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004232

FILED
Jan 21, 2009
Secretary of State

Entity Name: PENIEL COVENANT CHRISTIAN CENTER, INC.

Current Principal Place of Business:

17622 41ST ROAD NORTH
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

17622 41ST ROAD NORTH
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 26-2514114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, JAMES E MIN
17622 41ST ROAD NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

WILKERSON, JAMES E PASTOR
17622 41ST ROAD NORTH
LOXAHATCHEE, FL 33470 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: JAMES E. WILKERSON, JR.

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKERSON, JAMES E JR
Address: 17622 41ST ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D () Delete
Name: SOMMONS, JULIOUS
Address: 301 WEST 22ND COURT
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D () Delete
Name: WILKERSON, SABRINA P
Address: 17622 41ST ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D () Delete
Name: SOMMONS, EULA G
Address: 301 WEST 22ND COURT
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILKERSON, JAMES E PASTOR
Address: 17622 41ST ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D (X) Change () Addition
Name: SOMMONS, JULIOUS
Address: 341 WEST 22ND COURT
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GRANDISON, IRIS G
Address: 4802 23RD PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Change (X) Addition
Name: MCDONALD, RAY
Address: 640 EDGEBROOK LANE
City-St-Zip: WELLINGTON, FL 33411

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: JAMES E. WILKERSON, JR.

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date