2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000005368

Entity Name: COVENANT INTERNATIONAL MINISTRIES, INCORPORATED

Current Principal Place of Business:

19510 NW 23 CT
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

19510 NW 23 CT
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, GENEVA
19510 NW 23 CT
MIAMI GARDENS, FL 33056 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: WILLIAMS, GENEVA K
Address: 19510 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: WILLIAMS, ALPHONSO
Address: 19510 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: WRIGHT, BRENDA G
Address: 16920 NW 41 AVE
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: WILLIAMS, ALYSIA
Address: 14408 AUDUBON TRACE #1120
City-St-Zip: TAMPA, FL 33056

Title: D ( ) Delete
Name: WILLIAMS, ANDRIA
Address: 19510 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: WILLIAMS, ALEXIS
Address: 19510 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

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: D (X) Change ( ) Addition
Name: WILLIAMS, ALYSIA
Address: 19510 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

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: GENEVA WILLIAMS MRS 04/30/2009

Electronic Signature of Signing Officer or Director — Date