

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000500

FILED
Jan 17, 2010
Secretary of State

Entity Name: COVERED MINISTRIES INC.

Current Principal Place of Business:

3920 OLD MIDDLEBURG RD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

2913 ROSELLE STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

3920 OLD MIDDLEBURG RD.
JACKSONVILLE, FL 32210

New Mailing Address:

2913 ROSELLE STREET
JACKSONVILLE, FL 32205

FEI Number: 80-0326388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAPP, JAMELL D SR
3611 PALEFACE PLACE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

SAPP, JAMELL D SR
1616 SADDLEBROOK LN
JACKSONVILLE, FL 32221 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: _____

Electronic Signature of Registered Agent

01/17/2010

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SAPP, JAMELL D SR
Address: 1616 SADDLEBROOK LN
City-St-Zip: JACKSONVILLE, FL 32221

Title: D
Name: SAPP, VALARIA A
Address: 1616 SADDLEBROOK LN
City-St-Zip: JACKSONVILLE, FL 32221

Title: D
Name: HOWARD, LILLY A
Address: 5555 MINOSA
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: BURKES, MARY A
Address: 8040 LOURDES DR. S.
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: PASTOR JAMELL D. SAPP SR.

D

01/17/2010

Electronic Signature of Signing Officer or Director

Date