

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000500

FILED
Mar 07, 2012
Secretary of State

Entity Name: COVERED MINISTRIES INC.

Current Principal Place of Business:

2913 ROSELLE STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

2913 ROSELLE STREET
JACKSONVILLE, FL 32205 US

Current Mailing Address:

2913 ROSELLE STREET
JACKSONVILLE, FL 32205

New Mailing Address:

PO BOX 2091
JACKSONVILLE, FL 32206 US

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
3690 KIRKPATRICK CIR.
UNIT# 1
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

SAPP, JAMELL D SR
1741 MEMORY LN
JACKSONVILLE, FL 32210 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:

03/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED
Name: SAPP, JAMELL D SR
Address: 1741 MEMORY LN
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ASD
Name: SAPP, VALARIA A
Address: 1741 MEMORY LN
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SD
Name: HOWARD, LILLY A
Address: 5555 MINOSA CIR. E
City-St-Zip: JACKSONVILLE, FL 32209 US

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

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 DA'SHON SAPP SR.

ED

03/07/2012

Electronic Signature of Signing Officer or Director

Date