2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90025 046 ****61.25

DOCUMENT # N42569

1. Entity Name

COVENANT LIFE FAMILY MINISTRIES, INC.

Principal Place of Business	Mailing Address
3402 WOODRUN TR MARIETTA GA 30062	3402 WOODRUN TR MARIETTA GA 30062

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4623 EDEN RIDGE DR.	4623 EDEN RIDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ACWORTH, GEORGIA	City & State: ACWORTH, GEORGIA
Zip: 30101-3023 Country: COBB	Zip: 30101-3023 Country: COBB

4. FEI Number: 59-3110619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, TIM REV
3548 CAMON CT
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name: LAVELLE PITTS

Street Address (P.O. Box Number is Not Acceptable): 6513 LAKESHORE DR.

City: PANAMA CITY FL Zip Code: 32404

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lavelle Pitts 4-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAILEY, CRAWFORD B. 3402 WOODRUN TR MARIETTA GA 30062-1235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P CRAWFORD B. RAILEY 4623 EDEN RIDGE DRIVE ACWORTH, GA 30101-3023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUM, MARY 2700 MT VERNON ROAD ATLANTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, H. SYVELLE 926 SIGNAL RIDGE PL. ROCKWALL TX 27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWNE, B A 234 LEONARD'S DR. THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAILEY, DORATHY T 3402 WOODRUN TRAIL MARIETTA GA 30062-1235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D DORATHY T. RAILEY 4623 EDEN RIDGE DRIVE ACWORTH, GA. 30101-3023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAILEY, GREG M 334 TAMWOOD CIRCLE CAVCE SC 29033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAWFORD B. RAILEY Crawford B Railey 770-917-1038
SIGN THIS AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #