

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42569

FILED
Dec 10, 2011
Secretary of State

Entity Name: COVENANT LIFE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

4623 EDEN RIDGE DR
ACWORTH, GA 301013023

New Principal Place of Business:

Current Mailing Address:

4623 EDEN RIDGE DR
ACWORTH, GA 301013023

New Mailing Address:

FEI Number: 59-3110619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PITTS, LAVELLE
6513 LAKESHORE DRIVE
PANAMA CITY, FL 32404 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: LAVELLE PITTS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RAILEY, CRAWFORD B.
Address: 4623 EDEN RIDGE DRIVE
City-St-Zip: ACWORTH, GA 301013023

Title: D
Name: PHILLIPS, H. SYVELLE
Address: 2313 RIDGE ROAD, BLDG. 105
City-St-Zip: ROCKWALL,, TX 750875141

Title: D
Name: BROWNE, BERNARD A.
Address: 234 LEONARD'S DR.
City-St-Zip: THOMASVILLE, GA 31792

Title: D/S
Name: RAILEY, DORATHY T.
Address: 4623 EDEN RIDGE DR.
City-St-Zip: ACWORTH,, GA 301013023

Title: D
Name: RAILEY, GREG. M.
Address: 334 TAMWOOD CIRCLE
City-St-Zip: CAYCE, SC 290331988

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: CRAWFORD B. RAILEY

PRES

12/10/2011

Electronic Signature of Signing Officer or Director

Date