

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000867

FILED
Apr 26, 2007
Secretary of State

Entity Name: COVENANT COMMUNITY MINISTRIES, INC.

Current Principal Place of Business:

940 TARPON STREET
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

940 TARPON STREET
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0395410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEASANT, DAVID J REV.
916 NW 1ST ST
CAPE CORAL, FL 33993 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: PD () Delete
Name: PLEASANT, DAVID J
Address: 916 NW 1ST ST
City-St-Zip: CAPE CORAL, FL 33993

Title: VP () Delete
Name: PEEPLES, DARREU
Address: 11790 BRAMBLE COVE DR
City-St-Zip: FORT MYERS, FL 33905

Title: S () Delete
Name: HANSEN, CHRIS
Address: 5501 PARK RD
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: HILLSTAD, TODD
Address: 120 SE 12TH CT
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PEEPLES, DARRELL
Address: 11790 BRAMBLE COVE DR
City-St-Zip: FORT MYERS, FL 33905

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: DAVID J. PLEASANT

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date