


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000867 1. Entity Name COVENANT COMMUNITY MINISTRIES, INC.	
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Principal Place of Business 940 TARPON STREET FT. MYERS, FL 33916	Mailing Address 940 TARPON STREET FT. MYERS, FL 33916
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04272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLEASANT, DAVID J REV. 916 NW 1ST ST CAPE CORAL, FL 33993	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLEASANT, DAVID J 916 NW 1ST ST CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEEPLES, DARRELL 11790 BRAMBLE COVE DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, CHRIS 5501 PARK RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILLSTAD, TODD 120 SE 12TH CT CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4-28-08 739-3341130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #