

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000867

FILED  
Jul 06, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PLEASANT, DAVID J REV.  
916 NW 1ST ST  
CAPE CORAL, FL 33993      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: \_\_\_\_\_

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      (X) Delete  
Name: WILKES, GARY  
Address: 1630 PINE AVENUE  
City-St-Zip: FORT MYERS, FL 33920

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

Title: S      ( ) Delete  
Name: CONNELL, NICKIE  
Address: 3593 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: VP      ( ) Delete  
Name: PIGOTT, TROY  
Address: 4400 WILLIAMSON ROAD  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: TROY PIGOTT

VP

07/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date