

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2010
Secretary of State

DOCUMENT# N95000002358

Entity Name: EVERLASTING COVENANT CHRISTIAN CENTER, INC.**Current Principal Place of Business:**1250 PIEDMONT-WEKIVARD
APOPKA, FL 32703**New Principal Place of Business:**1250 PIEDMONT-WEKIWA RD
APOPKA, FL 32703**Current Mailing Address:**1250 PIEDMONT-WEKIVARD
APOPKA, FL 32703**New Mailing Address:**1250 PIEDMONT-WEKIWA RD
APOPKA, FL 32703**FEI Number:** 59-3315155**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROOM, DUANE S
1109 BROWNSHIRE CT
LONGWOOD, FL 32779 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
Name: BROOM, DUANE S.
Address: 1109 BROWNSHIRE CT
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: BROOM, CAROLYN
Address: 1109 BROWNSHIRE CT
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: BROWN, NELSON
Address: 1828 CONCORD DRIVE
City-St-Zip: APOPKA, FL 32703

Title: DS
Name: KUCHERNEUTHER, ANNMARIE
Address: 1738 SINGING PALM DRIVE
City-St-Zip: APOPKA, FL 32712

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: ANNMARIE KUCHENREUTHER

D

05/21/2010

Electronic Signature of Signing Officer or Director

Date