

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005044

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: COVENANT BRIDE OF CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

1010 O'DONIEL DR.  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90461  
LAKELAND, FL 33809

**New Mailing Address:**

P.O. BOX 90461  
LAKELAND, FL 33804

FEI Number: 59-3542503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, IRIS  
1010 O'DONIEL DR.  
LAKELAND, FL 33809 US

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

CAMPBELL, IRIS M  
1010 O'DONIEL DR.  
LAKELAND, FL 33809 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: IRIS M CAMPBELL

03/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPBELL, IRIS  
Address: 1010 O'DONIEL DR.  
City-St-Zip: LAKELAND, FL 33809

Title: VT ( ) Delete  
Name: CAMPBELL, FRANK  
Address: 1010 O'DONIEL DR.  
City-St-Zip: LAKELAND, FL 33809

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, IRIS M  
Address: 1010 O'DONIEL DR.  
City-St-Zip: LAKELAND, FL 33809

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

Title: SD ( ) Change (X) Addition  
Name: AGNINI, DONNA  
Address: 418 NORTH RD.  
City-St-Zip: LAKELAND, FL 33809

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: IRIS M CAMPBELL

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date