

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006607

FILED
Apr 29, 2008
Secretary of State

Entity Name: COVENANT BUILDERS MINISTRIES, INC.

Current Principal Place of Business:

548 W. CENTRAL BLVD
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 720815
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3523724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, ALAN M SR.
985 MOZART DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

NEWMAN, ALAN M SR.
345 TIMBER GROVE CT.
ORLANDO, FL 32828 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:

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEWMAN, ALAN M SR
Address: 985 MOZART DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: NEWMAN, MARTHA
Address: 985 MOZART DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: HARRIS-WILCHROME, JUANITA
Address: 1502 MUIR CIR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: JOHONSON, LUTHER
Address: 9711 RED CLOVER AVE
City-St-Zip: ORLANDO, FL 32824

Title: DT () Delete
Name: JOHNSON, ELENZIA M
Address: 9711 RED CLOVER AVE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEWMAN, ALAN M SR
Address: 345 TIMBER GROVE CT.
City-St-Zip: ORLANDO, FL 32828

Title: VD (X) Change () Addition
Name: NEWMAN, MARTHA
Address: 345 TIMBER GROVE CT.
City-St-Zip: ORLANDO, FL 32828

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: ALAN M. NEWMAN, SR.

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date