

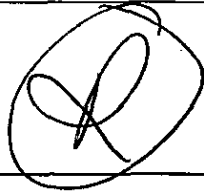
# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90006 014 \*\*\*\*61.25

**DOCUMENT # N94000003972**

1. Entity Name  
**COVENANT WORSHIP CHURCH, INC.**



Principal Place of Business Mailing Address  
**9340 N. FLORIDA AVE. PO BOX 272903**  
**STE 1 TAMPA FL 33688**  
**TAMPA FL 33612**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3200306** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEATH, JOHN G.**  
**102 ASHBORNE DR**  
**BRANDON FL 33511**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	DAVIS, JEFFREY E	6321 S. QUEENSWAY DRIVE	TAMPA FL 33617	<input type="checkbox"/>	<input type="checkbox"/>
DV	HEATH, JOHN G	102 ASHBROOK DR	BRANDON FL 33511	<input type="checkbox"/>	<input type="checkbox"/>
TD	REYNOLDS, DERRICK	5012 E LONGBOAT BLVD	TAMPA FL 33615	<input type="checkbox"/>	<input type="checkbox"/>
SD	OLIVERO, JOSEPH	6210 N 43 STREET	TAMPA FL 33610	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DAVID REYNOLDS **Reynolds Treasurer 9-6-00 812-7382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)