

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744143

1. Entity Name

COVENANT LIFE CHRISTIAN CHURCH, INC.

Principal Place of Business

4545 N.W. 103RD AVE.  
SUNRISE FL 33351

Mailing Address

4545 N.W. 103RD AVE.  
SUNRISE FL 33351-7947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAS, JIMMY  
9651 N.W. 49 CRT.  
SUNRISE FL 33321

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

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 PD ☐ Delete  
NAME MAS, JIMMY  
STREET ADDRESS 9651 N.W. 49 CRT.  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LEWIS, DAVID  
STREET ADDRESS 9279 N.W. 45TH ST.  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MAS, TERESA A  
STREET ADDRESS 9651 NW 49TH CT.  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MAS, RAYMOND L.  
STREET ADDRESS 11741 N.W. 35 STREET  
CITY-ST-ZIP SUNRISE FL

TITLE T ☒ Change ☐ Addition  
NAME MAS, RAYMOND L.  
STREET ADDRESS 11741 NW 35 STREET  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☒ Delete  
NAME COLON, DIANA  
STREET ADDRESS 6503 SW 10TH CT  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Change ☒ Addition  
NAME COLON, HENRY  
STREET ADDRESS 6503 SW 10 COURT  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Teresa A. Mas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (954) 748-9200

Date

Daytime Phone #

FILED  
Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90041 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2471090 ☐ Applied For  
☐ Not Applicable

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

CR 1 0617 00001