

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90147 007 ****61.25

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.
SUITE 100
SUNRISE FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2471090**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAS, JIMMY
5200 N. W. 65TH AVENUE
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MAS, JIMMY	☐ Delete
STREET ADDRESS	5200 N. W. 65TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE NAME	VD LEWIS, DAVID	☐ Delete
STREET ADDRESS	9279 N.W. 45TH ST.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	STD MAS, TERESA A	☐ Delete
STREET ADDRESS	9651 NW 49TH CT.	
CITY-ST-ZIP	SUNRISE FL	
TITLE NAME	VD MAS, RAYMOND L	☐ Delete
STREET ADDRESS	11741 N.W. 35 STREET	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DIRECTOR MARGARET HURLEY	☐ Change ☒ Addition
STREET ADDRESS	4030 NW 54 COURT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE NAME	DIRECTOR SALVATORE TRAPANI	☐ Change ☒ Addition
STREET ADDRESS	6313 BROOKWOOD BOULEVARD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE NAME	DIRECTOR ALAN LICHTMAN	☐ Change ☒ Addition
STREET ADDRESS	3885 SIENNA GREENS TERRACE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	☐ Change ☐ Addition
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER
TERESA A. MAS, SECRETARY

03/19/03

(954) 746-6600