

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 004 ****61.25

DOCUMENT # 757496

1. Entity Name
COVENANT CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

**6050 PUCKETT RD
PERRY FL 32347
US**

Mailing Address

**P.O. BOX 5
PERRY FL 32348
US**

2. Principal Place of Business

3. Mailing Address

6050 Puckett Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Perry, FL

4. FEI Number **59-2065805**

Applied For
Not Applicable

Zip

Country

Zip

Country

32348

32348

U.S.

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

**KINSEY, F.J.
2338 SHELDON EDWARDS RD
PERRY FL 32347**

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 **C** ☐ Delete
NAME **COURTNEY, JOHN**
STREET ADDRESS **5850 PUCKETT RD**
CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **T** ☐ Delete
NAME **KINSEY, F.J.**
STREET ADDRESS **2338 SHELDON EDWARDS RD**
CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **D** ☐ Delete
NAME **MORRIS, DALE**
STREET ADDRESS **103 GROVE AVE.**
CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **D** ☐ Delete
NAME **HOWELL, VANCE**
STREET ADDRESS **5905 POTTS STILL RD**
CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **D** ☐ Delete
NAME **CARLTON, JOSEPH J**
STREET ADDRESS **3310 CARLTON RD**
CITY-ST-ZIP **PERRY FL 32348**

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

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: **7/2/03** REQUIRED

4/28/03 850-584-2316

CR2E037 (10/02)