

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 769908

FILED
Sep 15, 2003
Secretary of State

Entity Name: COVENANT LOVE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

5114 CONTOURA DR.
ORLANDO, FL 328101808

New Principal Place of Business:

Current Mailing Address:

5114 CONTOURA DR.
ORLANDO, FL 328101808

New Mailing Address:

FEI Number: 59-2386995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOTT, DAVID
5114 CONTOURA DR.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, DAVID D
Address: 5114 CONTOURA DR
City-St-Zip: ORLANDO, FL 32810

Title: TD () Delete
Name: SCOTT, BECKY
Address: 5114 CONTOURA DR
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: SHEAROUSE, RICK
Address: 1214 HARDMAN DR.
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: HAMM, SAM
Address: 5976 JESSICA DR.
City-St-Zip: ORLANDO, FL 32703

Title: SD () Delete
Name: HAMM, KATHIE
Address: 5976 JESSICA DR
City-St-Zip: ORLANDO, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: DAVID D. SCOTT

PD

09/15/2003

Electronic Signature of Signing Officer or Director

Date