

F19000000095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

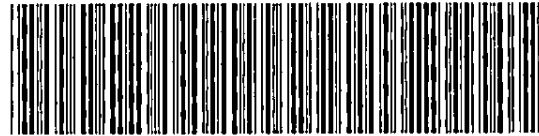
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322687749

900322687749
01/08/19--01010--003 **78.75

19 JAN -8 AM 10:37

M. MILLIGAN
JAN 08 2019

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2019 JAN -8 AM 10:52

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Church Of The Covenant, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Mary Alice Robinson Blevins
Name of Person

Church Of The Covenant, Inc.
Firm/Company

634 Edgewater Drive Apt 844
Address

Dunedin, FL. 34698
City/State and Zip Code

Zekeblevins@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Alice Blevins at (727) 365-9817
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Church Of The Covenant, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Covenant Foundation, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia

(State or country under the law of which it is incorporated)

3. 59-3026471

(FEI number, if applicable)

4. 10/16/2014

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Awaiting registration in Florida

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 634 Edgewater Drive Apt 844, Dunedin, FL. 34698

(Principal office address)

(Same As Above)

(Current mailing address, if different)

Religious guidance and worship; humanitarian assistance.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Mary A. Blevins

Office Address: 634 Edgewater Drive Apt 844

Dunedin

(City)

Florida

34698

(Zip Code)

Registered agent's acceptance:

being named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary A. Blevins

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Mary A. Blevins
Address: 634 Edgewater Drive Apt 844
Dunedin, FL 34698
Vice Chairman: Douglas D. Blevins
Address: 6514 Cedar Mountain Road
Douglasville, Ga. 30134
Director: Curtis Combs
Address: 8271 Cedar Mountain Rd
Douglasville, Ga. 30134
Director: _____
Address: _____

B. OFFICERS

President: _____
Address: _____
Vice President: _____
Address: _____
Secretary: _____
Address: _____
Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mary A. Blevins
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Mary A. Blevins, Chairman Board of Directors
(Typed or printed name and capacity of person signing application)

2019 JAN - 8 AM 10:52
SECRETARY OF STATE
GA. ARCHIVE & RECORDS

FILED

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CHURCH OF THE COVENANT, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16289592
Date Inc/Auth/Filed: 10/16/2014
Jurisdiction : Georgia
Print Date : 11/20/2018
Form Number : 211



A handwritten signature in black ink that reads "Robyn A. Crittenden".

Robyn A. Crittenden
Secretary of State