

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90047 021 ****61.25

DOCUMENT # N00000002628

1. Entity Name

EVERLASTING COVENANT PRAISE, WORSHIP AND DELIVER

Principal Place of Business

86 NEW YORK AVE.
DUNEDIN FL 34698

Mailing Address

86 NEW YORK AVE.
DUNEDIN FL 34698

2. Principal Place of Business

200 STARCREST DR
Suite, Apt. #, etc.
37

3. Mailing Address

200 STARCREST DR #
Suite, Apt. #, etc.
37



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FLORIDA

4. FEI Number

56-2175196

Applied For

Not Applicable

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORONA, RICHARD
86 NEW YORK AVE.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name **RICHARD ORONA**
Street Address (P.O. Box Number is Not Acceptable)
200 STARCREST DR #37
City **CLEARWATER** FL Zip Code **33765**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	RICHARD ORONA
CITY-ST-ZIP	200 STARCREST DR #37
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSTEE
STREET ADDRESS	JAMES MACK
CITY-ST-ZIP	7001 HIGH MEADOW DR
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSTEE
STREET ADDRESS	MATTHEWS INC 28104
CITY-ST-ZIP	CLAYTON LEONARD
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSTEE
STREET ADDRESS	12507 CEDAR FALL DR
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSTEE
STREET ADDRESS	ANGIE McVAY
CITY-ST-ZIP	FOXBRIDGE CIRCLE #311
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARGO, FLORIDA 33760
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

1-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)