

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002628

1. Entity Name

EVERLASTING COVENANT PRAISE, WORSHIP AND DELIVERANCE MINISTRIES, INC.

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90038 014 \*\*\*\*61.25

0043575

Principal Place of Business

Mailing Address

200 STARCREST DRIVE  
CLEARWATER FL 33765

200 STARCREST DRIVE  
37  
CLEARWATER FL 33765

2. Principal Place of Business

340 Woodchuck Ave

3. Mailing Address

340 Woodchuck Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

Zip

Country

Zip

Country

34689

34689

4. FEI Number

56-2175196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORONA, RICHARD  
200 STARCREST DR 37  
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name RICHARD ORONA

Street Address (P.O. Box Number is Not Acceptable)  
340 Woodchuck Avenue

City TARPON SPRINGS FL Zip Code 34689

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

RICHARD ORONA

*[Signature]*

3-30-02

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 D  
NAME ORONA, RICHARD  
STREET ADDRESS 200 STARCREST DR 37  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE T  
NAME MACK, JAMES  
STREET ADDRESS 7001 HIGH MEADOW DR  
CITY-ST-ZIP MATTHEWS NC 28104 ☐ Delete

TITLE T  
NAME LEONARD, CLAVON  
STREET ADDRESS 12507 CEDAR FALL DRIVE  
CITY-ST-ZIP HUNTERVILLE NC 28078 ☐ Delete

TITLE T  
NAME MCVAY, ANGIE  
STREET ADDRESS FOXBRIDGE CIRCLE 311  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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]* RICHARD A. ORONA 3/20/02 727-944-2693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)