

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005672**

1. Entity Name

COVENANT COMMUNITY FELLOWSHIP, INC.

Principal Place of Business

**8641 NW 52 STREET
LAUDERHILL FL 33351**

Mailing Address

**8641 NW 52 STREET
LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1033315**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORDON, JOHN M
8641 NW 52 STREET
LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

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.

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GORDON, JOHN M
8641 NW 52 STREET
LAUDERHILL FL 33351** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GORDON, LINDA
8641 NW 52 STREET
LAUDERHILL FL 33351** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GORDON, ANDREW
2800 NW 56 AVE #B-201
LAUDERHILL FL 33313** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, PATRICIA
2800 NW 56 AVE #B-201
LAUDERHILL FL 33313** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLETCHER, ROBERT
11315 SW 154 TERR
MIAMI FL 33157** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATTERSON, DERRICK
4500 NW 36 STREET #109
LAUDERDALE LAKES FL 33319** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

JOHN GORDON**3.3.02. 954-597-0044****FILED**
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90216 037 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)