

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005767

FILED
Feb 20, 2002 8:00 AM
Secretary of State

Entity Name: COVENANT PROMISE INC.

Current Principal Place of Business:

4740 POSEIDON PLACE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4740 POSEIDON PLACE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-1027077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCIUS, STEPHEN M
4740 POSEIDON PLACE
LAKE WORTH, FL 33463

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: LUCIUS, STEPHEN M
Address: 4740 POSEIDON PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: VD () Delete
Name: LUCIUS, NANCY F
Address: 4740 POSEIDON PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: DS () Delete
Name: KHOURY, NICOLAS
Address: 9773 SW SANTA MONICA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: GARRETT, ROY
Address: 816 NORTH JONESVILLE ROAD
City-St-Zip: BOWDON, GA 30108

Title: DV () Delete
Name: CAMP, CHARLOTTE
Address: 104 VALLEYVIEW CIRCLE
City-St-Zip: PHOENIXVILLE, PA 19460

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: STEPHEN M. LUCIUS

PD

02/20/2002

Electronic Signature of Signing Officer or Director

Date