2002 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2002 8:00 am § Secretary of State DOCUMENT # N0100004106 COVENANT FAITH MINISTRIES INC. 05-08-2002 90057 022 ****61.25 Principal Place of Business Mailing Address 2873 W. 15TH ST. 2873 W. 15TH ST. JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address 7641 DALEHURST DRS 7641 DALEHWEST DR.S Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For JACKSON UI ACKSONVIEC 75-3047608 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SATELLA DEVERUX GOMES, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 2873 W. 15TH ST. ... JACKSONVILLE FL 32254 7641 DALEHURST DR S Zip Code **コススヲア** 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 President 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE P/D Change ☐ Addition 10/6) DEVEAUX, SATELLA NAME DEVERUX SATELLA NAME STREET ADDRESS 2873 W. 15TH ST. 7641 DALGHURST DRIS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-7IP JACKSONULLE FL Delete TITLE ☐ Change Addition DONALDSON, FIDEL NAME LESA PEARSON STREET ADDRESS 2873 W. 15TH ST. 7641 DALEHURST DR.S STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP JACKSONVILLE FL 32277 TITLE Delete TITLE D Addition NAME DONALDSON, PAULETTE NAME SHERRI NEWTON STREET ADDRESS 2873 W. 15TH ST. STREET ADDRESS 7641 DALEHURST DR. S CITY-ST-7/P JACKSONVILLE FL 32254 CITY-ST-7IP JACKSONVILLE, FL 32277 🔀 Delete TITLE NAME FARRELL, JEMAL MARY PEOPLES NAME STREET ADDRESS 2873 W. 15TH ST. 7641 DALEHURST DR. S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-ZIP JACKSONUTILLE FL TITLE Delete Addition NAME GOMES: ANTHONY KELLY HOUSEWORTH STREET ADDRESS 2873 W. 15TH ST. STREET ADDRESS 7641 DALEHURST DR . S CITY-ST-7IP JACKSONVILLE FL 32254 CITY-ST-ZIP JACKSONUTULE TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

ITED NAME OF SIGNING OFFICE

SIGNATURE: