

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90027 019 ****61.25

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| DOCUMENT # N01000004106 | | | | | |
| 1. Entity Name COVENANT FAITH MINISTRIES INC. | | | | | |
| Principal Place of Business 2640-10 CESERY BLVD JACKSONVILLE, FL 32277 | | | Mailing Address 2640-10 CESERY BLVD JACKSONVILLE, FL 32277 | | |
| 2. Principal Place of Business 785 Apache Pine Ct. Suite, Apt. #, etc. | | 3. Mailing Address 785 Apache Pine Ct. Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 75-3047608 | |
| Zip 32218 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent DEVEAUX, SATELLA 2640-10 CESERY BLVD JACKSONVILLE, FL 32277 | | | 7. Name and Address of New Registered Agent Name: SATELLA DEVEAUX Street Address (P.O. Box Number is Not Acceptable): 785 APACHE PINE CT. City: JACKSONVILLE, FL Zip Code: 32218 | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: SATELLA DEVEAUX <i>[Signature]</i> 04/06 #/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD | NAME DEVEAUX, SATELLA | <input checked="" type="checkbox"/> Delete | TITLE PD | NAME DEVEAUX SATELLA | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2640-10 CESERY BLVD | CITY-ST-ZIP JACKSONVILLE, FL 32277 | | STREET ADDRESS 785 APACHE PINE CT | CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | NAME RIDGELL, SOPHIA | <input checked="" type="checkbox"/> Delete | TITLE D | NAME RIDGELL, SOPHIA | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2640-10 CESERY BLVD | CITY-ST-ZIP JACKSONVILLE, FL 32277 | | STREET ADDRESS 785 APACHE PINE CT | CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | NAME BROWN, MARY | <input checked="" type="checkbox"/> Delete | TITLE D | NAME CARTER RENE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 2640-10 CESERY BLVD | CITY-ST-ZIP JACKSONVILLE, FL 32277 | | STREET ADDRESS 785 APACHE PINE CT | CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | NAME PEOPLES, MARY | <input checked="" type="checkbox"/> Delete | TITLE D | NAME CARTER MALCOM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 2640-10 CESERY BLVD | CITY-ST-ZIP JACKSONVILLE, FL 32277 | | STREET ADDRESS 785 APACHE PINE CT | CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | NAME CORLEY, TED | <input checked="" type="checkbox"/> Delete | TITLE D | NAME CORLEY, TED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2640-10 CESERY BLVD | CITY-ST-ZIP JACKSONVILLE, FL 32277 | | STREET ADDRESS 785 APACHE PINE CT | CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | NAME CAIN, JOHN W | <input checked="" type="checkbox"/> Delete | TITLE D | NAME TAYLOR-BECK RUTH | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 2640-10 CESERY BLVD | CITY-ST-ZIP JACKSONVILLE, FL 32277 | | STREET ADDRESS 785 APACHE PINE CT | CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| 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: <i>[Signature]</i> SATELLA DEVEAUX 04/06 #/04 (904) 720-0929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |