

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90116 043 ****61.25

DOCUMENT # No 1000004106

1. Entity Name

Covenant Faith Ministries Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2640-10 Cesery Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2640-10 Cesery Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

Zip

Country

32277 Duval

City & State

Jacksonville FL

Zip

Country

32277 Duval

4. FEI Number

75-3047608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DEVEAUX SATELLA

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

2640-10 Cesery Blvd

City

Jacksonville

FL

Zip Code

32277

**DO NOT WRITE
IN THIS SPACE**

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

[Signature] President/Director.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/27/03
DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SATELLA DEVEAUX
STREET ADDRESS	2640-10 Cesery Blvd
CITY-ST-ZIP	Jacksonville FL 32277
TITLE	D
NAME	John W. Cain
STREET ADDRESS	2640-10 Cesery Blvd
CITY-ST-ZIP	Jacksonville FL 32277
TITLE	D
NAME	Sophia Ridgell
STREET ADDRESS	2640-10 Cesery Blvd
CITY-ST-ZIP	Jacksonville FL 32277
TITLE	D
NAME	Mary Brown
STREET ADDRESS	2640-10 Cesery Blvd
CITY-ST-ZIP	Jacksonville FL 32277
TITLE	D
NAME	Ted Corley
STREET ADDRESS	2640-10 Cesery Blvd
CITY-ST-ZIP	Jacksonville FL 32277
TITLE	D
NAME	MARY Peoples
STREET ADDRESS	2640-10 Cesery Blvd
CITY-ST-ZIP	Jacksonville FL 32277

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SATELLA DEVEAUX

05/27/03 (904) 744-4751

CR2E037B (12/02)