

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000008853**

1. Entity Name

COVENANT OF GOD MINISTRIES INC.

FILED

02 OCT 11 PM 1:16

Principal Place of Business

Mailing Address

8217 N 9TH ST
TAMPA FL 336048217 N 9TH ST
TAMPA FL 33604

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

26-0033297

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALL, JARVIS
8217 N 9TH ST
TAMPA FL 33604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Delete
NAME	BALL, JARVIS	
STREET ADDRESS	8217 N 9TH ST	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete
NAME	
STREET ADDRESS	
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TITLE	Change	Addition
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TITLE	Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/2002

Date

Daytime Phone #

CR2E037 (4/02)