

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90014 034 \*\*\*\*61.25

**DOCUMENT # N03764**

1. Entity Name

**COVENANT BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

1055 NW 6TH AVE.  
 FLORIDA CITY FL 33034-2007

1055 NW 6TH AVE.  
 FLORIDA CITY FL 33034-2007

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

**05-0148303**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEY, WALLACE**  
**1055 NW 6 AVENUE**  
**FLORIDA CITY FL 33034**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME ALEXANDER, JOHN  
 STREET ADDRESS C/O 1055 NW 6 AVENUE  
 CITY-ST-ZIP FLORIDA CITY FL

TITLE PD  Change  Addition  
 NAME EDWARDS, EARNEST  
 STREET ADDRESS C/O 1055 NW 6 AVENUE  
 CITY-ST-ZIP FLORIDA CITY, FL

TITLE VD  Delete  
 NAME KEY, WALLACE  
 STREET ADDRESS C/O 1055 NW 6 AVENUE  
 CITY-ST-ZIP FLORIDA CITY FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME CRIGLER, WILLIAM  
 STREET ADDRESS C/O 1055 NW 6 AVENUE  
 CITY-ST-ZIP FLORIDA CITY FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BEASLEY, WILLIE  
 STREET ADDRESS C/O 1055 NW 6 AVENUE  
 CITY-ST-ZIP FLORIDA CITY FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME CLARKE, HERMAN  
 STREET ADDRESS C/O 1055 NW 6 AVENUE  
 CITY-ST-ZIP FLORIDA CITY FL

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

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: **WILLIAM CRIGLER REQUIRED** *William Crigler* 3/13/02 305-248-5561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)