FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:38

DOCUMENT # N04983 (5)

1. Corporation Name
COVENANT PRAYER MINISTRY, INC.

Principal Place of Business	Mailing Address
2733 PEACHTREE DRIVE P.O. BOX 4186 TALLAHASSEE FL 32315-1186	2733 PEACHTREE DRIVE P.O. BOX 4186 TALLAHASSEE FL 32315-4186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1984
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2445266 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32315-4186 Country 25: USA	Zip 29: Country 30: USA

9. Name and Address of Current Registered Agent

KASTNER, NANCY ANN
2733 PEACHTREE DRIVE
TALLAHASSEE FL 32304-8239

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 Zip Code 32304-1239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Nancy Ann Kastner NANCY ANN KASTNER DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KASTNER, HAROLD H. JR	1.2 NAME	
STREET ADDRESS	2733 PEACHTREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	KASTNER, NANCY, ANN	2.2 NAME	
STREET ADDRESS	2733 PEACHTREE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☑ Change ☐ Addition
NAME	THOMAS, GEORGIANNA G	3.2 NAME	S REBECCA D. DICKEY
STREET ADDRESS	3128 SUMMIT DRIVE	3.3 STREET ADDRESS	422 BANNERMAN ROAD
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	HEINRICH, DARLENE	4.2 NAME	D DARLENE H. LOPEZ
STREET ADDRESS	2962 BYINGTON CIRCLE	4.3 STREET ADDRESS	9 NW 42 TERRACE
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RUSSELL	5.2 NAME	
STREET ADDRESS	1910-6TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, DONALD	6.2 NAME	
STREET ADDRESS	2024 SARALEE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold H. Kastner Jr. HAROLD H. KASTNER, JR. JAN. 17, 1995 (904)576-7778
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0027740