


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04983** (5)  
1. Corporation Name  
**COVENANT PRAYER MINISTRY, INC.**

Principal Place of Business <b>2733 PEACHTREE DRIVE P.O. BOX 4186 TALLAHASSEE FL 32315-4186 US</b>	Mailing Address <b>2733 PEACHTREE DRIVE P.O. BOX 4186 TALLAHASSEE FL 32315-4186 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/05/1984</b>	4. FEI Number <b>59-2445266</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>KASTNER, NANCY ANN 2733 PEACHTREE DRIVE TALLAHASSEE FL 32304</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KASTNER, HAROLD H. JR</b> <b>2733 PEACHTREE DRIVE</b> <b>TALLAHASSEE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ZIP</b> <b>32304-1239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KASTNER, NANCY, ANN</b> <b>2733 PEACHTREE DR</b> <b>TALLAHASSEE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ZIP</b> <b>32304-1239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DICKEY, REBECCA D</b> <b>108 BANNERMAN RD.</b> <b>TALLAHASSEE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ZIP</b> <b>32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOPEZ, DARLENE H</b> <b>9 NW 42 TERRACE</b> <b>PLANTATION FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WILLIAMS, JAMES F.</b> <b>P.O. BOX 633</b> <b>N/A</b> <b>MADISON, FL 32341</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, J TERRELL</b> <b>3218 YOURKTOWN DR</b> <b>TALLAHASSEE FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WILLIAMS, J. TERRELL</b> <b>3218 YORKTOWN DR</b> <b>32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PRICE, LINDA</b> <b>2606 FAVERSHAM DR</b> <b>TALLAHASSEE FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRICE, LINDA J.</b> <b>32303</b>

14. 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 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 (850) 576-7778