

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90018 046 \*\*\*\*61.25

**DOCUMENT # N04983**

1. Corporation Name

**COVENANT PRAYER MINISTRY, INC.**

Principal Place of Business

2733 PEACHTREE DRIVE  
P.O. BOX 4186  
TALLAHASSEE FL 32315-4186  
US

Mailing Address

2733 PEACHTREE DRIVE  
P.O. BOX 4186  
TALLAHASSEE FL 32315-4186  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/05/1984

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

9. Name and Address of Current Registered Agent

KASTNER, NANCY ANN  
2733 PEACHTREE DRIVE  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KASTNER, HAROLD H. JR  
STREET ADDRESS 2733 PEACHTREE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE TD ☐ DELETE

NAME KASTNER, NANCY, ANN  
STREET ADDRESS 2733 PEACHTREE DR  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE VD ☐ DELETE

NAME DICKEY, REBECCA D  
STREET ADDRESS 108 BANNERMAN RD.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE

NAME WILLIAMS, JAMES F  
STREET ADDRESS P O BOX 633 N/A  
CITY-ST-ZIP MADISON FL 32341

TITLE D ☐ DELETE

NAME WILLIAMS, J TERRELL  
STREET ADDRESS 3218 YOURKTOWN DR  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE SD ☐ DELETE

NAME PRINCE, LINDA J  
STREET ADDRESS 2606 FAVERSHAM DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WILLIAMS  
YORKTOWN

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 1999 (850) 576-7778  
Date Daytime Phone #

CR2E037-(11/98)