

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04983

1. Entity Name

COVENANT PRAYER MINISTRY, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2445266

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

KASTNER, NANCY ANN
2733 PEACHTREE DRIVE
TALLAHASSEE FL 32304

Name

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

City

FL Zip Code
32304-1239

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

TITLE ☐ Change ☒ Add
NAME
STREET ADDRESS
CITY-ST-ZIP -1239

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

TITLE ☐ Change ☒ Add
NAME
STREET ADDRESS
CITY-ST-ZIP -125.

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

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME YORKTOWN, WILLIAMS
STREET ADDRESS 3218 YOURKTOWN DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Change ☐ Add
NAME WILLIAMS, J. TERRELL
STREET ADDRESS 3218 YORKTOWN DR
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold H. Kastner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 12, 2000 (850) 576-7111
Date Daytime Phone #