

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90039 030 ****61.25

0014970

DOCUMENT # N04983

1. Entity Name

COVENANT PRAYER MINISTRY, INC.**D0037121**

DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-2445266

Applied For

Not Applicable

Zip

Country

Zip

Country

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 32304-1239**

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	<input type="checkbox"/> Delete
NAME	KASTNER, HAROLD H. JR	
STREET ADDRESS	2733 PEACHTREE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304-1239	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete
NAME	KASTNER, NANCY, ANN	
STREET ADDRESS	2733 PEACHTREE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32304-1239	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	DICKEY, REBECCA D	
STREET ADDRESS	108 BANNERMAN RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES F	
STREET ADDRESS	P O BOX 633 N/A	
CITY-ST-ZIP	MADISON FL 32341	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	YORKTOWN, WILLIAMS	
STREET ADDRESS	3218 YORKTOWN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PRINCE, LINDA J	
STREET ADDRESS	2606 FAVERSHAM DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIAMS, JAMES F
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/12/01** **(850) 576-7778**
Date Daytime Phone #

CR2E037 (10/00)