

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04983

1. Entity Name

COVENANT PRAYER MINISTRY, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90032 009 ****61.25

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

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 32304-1239~~

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** ☐ Delete
NAME **KASTNER, HAROLD H. JR**
STREET ADDRESS **2733 PEACHTREE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32304-1239**

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

TITLE **TD** ☐ Delete
NAME **KASTNER, NANCY, ANN**
STREET ADDRESS **2733 PEACHTREE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32304-1239**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **J. TERRELL WILLIAMS**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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.

HAROLD H. KASTNER, JR.,

SIGNATURE:

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

DIRECTOR

APRIL 1, 2002

Date

Daytime Phone #

(850) 576-7778

CR2E037 (9/01)