

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
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90014 014 ****61.25

DOCUMENT # N39476

i. Corporation Name

COVENANT FOUNDATION INC.

Principal Place of Business

Mailing Address

26 FRESHWATER DR
PALM HARBOR FL 34664

24 FRESHWATER DR
PALM HARBOR FL 34664
US



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/07/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3026471

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEVINS, ESTEL MILLARD
2699 SEVILLE BLVD #701
CLEARWATER FL 33764

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ARMSTRONG, BETTY K		1.2 NAME	
5120 COTTONWOOD		1.3 STREET ADDRESS	
FREDRICKSBURG VA 22407		1.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ROBINSON, DONALD E		2.2 NAME	
31700 MADISON AVE		2.3 STREET ADDRESS	
MADISON HEIGHTS MI 48071		2.4 CITY-ST-ZIP	
ED/P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BLEVINS, E.M. ZEKE		3.2 NAME	
2699 SEVILLE BLVD APT 701		3.3 STREET ADDRESS	
CLEARWATER FL 33764		3.4 CITY-ST-ZIP	
VP/S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BLEVINS, MARY A		4.2 NAME	
24 FRESHWATER DR		4.3 STREET ADDRESS	
PALM HARBOR FL 34684		4.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SMITH, A. G.		5.2 NAME	
2699 SEVELL BLVD APT 703		5.3 STREET ADDRESS	
CLEARWATER FL		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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:

E. M. Blevins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 727 7241285

CR2E037 (11/98)