

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39476

1. Entity Name

COVENANT FOUNDATION INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90027 002 ****61.25

Principal Place of Business

24 FRESHWATER DR
PALM HARBOR FL 34664
US

Mailing Address

24 FRESHWATER DR
PALM HARBOR FL 34682-2083
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

59-3026471

Applied For

Not Applied

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

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

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 D ☐ Delete
NAME ARMSTRONG, BETTY K
STREET ADDRESS 5120 COTTONWOOD
CITY-ST-ZIP FREDRICKSBURG VA 22407

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Mary A. Blevins
CITY-ST-ZIP 24 Freshwater Drive
Palm Harbor, FL 34684

TITLE D ☐ Delete
NAME ROBINSON, DONALD E
STREET ADDRESS 31700 MADISON AVE
CITY-ST-ZIP MADISON HEIGHTS MI 48071

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

TITLE ED/P ☐ Delete
NAME BLEVINS, E.M. ZEKE
STREET ADDRESS 2699 SEVILLE BLVD APT 701
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE D ☒ Delete
NAME SMITH, A. G.
STREET ADDRESS 2699 SEVELL BLVD APT 703
CITY-ST-ZIP CLEARWATER FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Estel Millard Blevins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

(727) 724-1285

Date

Daytime Phone #