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**Mar 26, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N45447**

1. Corporation Name

**EVERLASTING COVENANT FAITH REVIVAL CENTER, INC.**

Principal Place of Business

2342 N. F ST  
 PENSACOLA FL 32501  
 US

Mailing Address

1707 NORTH GARY AVE.  
 PENSACOLA FL 32505



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

59-3085671

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

HARRELL, MATTIE P.  
 1707 N. GARY AVE.  
 PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME HARRELL, MATTIE P.  
 STREET ADDRESS 1707 N. GARY AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE  DELETE

NAME HARRELL, ROBERT M.  
 STREET ADDRESS 1707 N. GARY AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE  DELETE

NAME WHITE, PAUL A.  
 STREET ADDRESS 1707 N. GARY AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE  DELETE

NAME SCOTT, CHRISTIANA  
 STREET ADDRESS 1707 N. GARY AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE  DELETE

NAME HARRELL, MOSES LEESHUN  
 STREET ADDRESS 1707 N. GARY AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE  DELETE

NAME HARRELL, ROBERT LEE  
 STREET ADDRESS 1707 N. GARY AVE.  
 CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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: *Pastor Mattie P. Harrell* **RED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-438-9460

0077941

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