

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # K45447 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3085671	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARRELL, MATTIE P. 1707 N. GARY AVE. PENSACOLA FL 32505				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
D HARRELL, MATTIE P. <input type="checkbox"/> Delete 1707 N. GARY AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000061602 02/23/04-80089-001 70.00			
D HARRELL, ROBERT M. <input type="checkbox"/> Delete 1707 N. GARY AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D WHITE, PAUL A. <input type="checkbox"/> Delete 1707 N. GARY AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D SCOTT, CHRISTIANA <input type="checkbox"/> Delete 1707 N. GARY AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D HARRELL, MOSES LEESHUN <input type="checkbox"/> Delete 1707 N. GARY AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D HARRELL, ROBERT LEE <input type="checkbox"/> Delete 1707 N. GARY AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <i>Pastor Mattie P Harrell</i> 2-18-04 850 4389460					