

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N45447

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3085671

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 exemptions contained in Section 119, 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: *Mattie P. Harrell* **MATTIE P. HARRELL**

2-6-08 **838**
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