

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90854 039 \*\*\*\*70.00

**DOCUMENT # N45447**

1. Entity Name

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



Principal Place of Business

Mailing Address

**2342 N. F ST  
PENSACOLA FL 32501  
US**

**1707 NORTH GARY AVE.  
PENSACOLA FL 32505**

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 **59-3085671**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**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

**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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRELL, MATTIE P.</b>	
STREET ADDRESS	<b>1707 N. GARY AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRELL, ROBERT M.</b>	
STREET ADDRESS	<b>1707 N. GARY AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, PAUL A.</b>	
STREET ADDRESS	<b>1707 N. GARY AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, CHRISTIANA</b>	
STREET ADDRESS	<b>1707 N. GARY AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRELL, MOSES LEESHUN</b>	
STREET ADDRESS	<b>1707 N. GARY AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRELL, ROBERT LEE</b>	
STREET ADDRESS	<b>1707 N. GARY AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

*Mattie P Harrell*  
**MATTIE P HARRELL** 2-14-03 438-9460

CR2E037 (10/02)