

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000867 (2)

1. Corporation Name

COVENANT COMMUNITY MINISTRIES, INC.

Principal Place of Business

Mailing Address

940 TARPON STREET  
FT. MYERS FL 33916

940 TARPON STREET  
FT. MYERS FL 33916



3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

65-0395410

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERBENS, THOMAS D  
940 TARPON STREET  
FT. MYERS FL 33916

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME VEGA, JOEL  
STREET ADDRESS 2213 SE 5TH ST.  
CITY-ST-ZIP CAPE CORAL FL 33990

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME SLUDER, GARY  
STREET ADDRESS 618 VAN LOON TERR.  
CITY-ST-ZIP CAPE CORAL FL 33990

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ALLEN, MILTON  
STREET ADDRESS P.O. BOX 150553 N/A  
CITY-ST-ZIP CAPE CORAL FL 33915

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TR ☐ DELETE  
NAME WALLACE, JERRY  
STREET ADDRESS 3826 HIDDEN ACRES CR  
CITY-ST-ZIP N FT MYERS FL 33903

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME FLAMMIA, ANTHONY  
STREET ADDRESS 18118 SANDY PINE CIR  
CITY-ST-ZIP NORTH FT MYERS FL 33917

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME STERBENS, THOMAS D  
STREET ADDRESS 940 TARPON STREET  
CITY-ST-ZIP FT MYERS FL 33916

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.

SIGNATURE:

CR2E037 (10/97)