

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90141 006 ****61.25

DOCUMENT # N93000000867

1. Corporation Name

COVENANT COMMUNITY MINISTRIES, INC.

Principal Place of Business

940 TARPON STREET
FT. MYERS FL 33916

Mailing Address

940 TARPON STREET
FT. MYERS FL 33916



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

03/11/1993

4. FEI Number

65-0395410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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 *Thomas D Sterbens*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-99

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 226 NE 24 AVE
2.4 CITY-ST-ZIP CAPE CORAL FL 33909
☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 18050 GIDDENS DR.
4.4 CITY-ST-ZIP ALVA FL 33920
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Thomas D Sterbens

4-19-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0060704