

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1999 Amended

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 19 PM 12:55

DOCUMENT # N93000000867

1. Corporation Name

Covenant Community Ministries, Inc.

Principal Place of Business

Mailing Address

940 Tarpon St.  
Ft. Myers, FL 33916

Same

2. Principal Place of Business

21 940 Tarpon St

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

3-11-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0395410

Applied For

Not Applicable

City & State

23 Ft. Myers FL

City & State

28

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

24 33916

25 USA

Zip

Country

29

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Thomas D. Sterbens  
940 Tarpon St.  
Ft. Myers, FL 33916

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

500002904865--4

-07/22/99-01095-002

\*\*\*\*\*26. PL \*\*\*\*\*26.25

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

TITLE PD ☐ DELETE

NAME Thomas D. Sterbens

STREET ADDRESS 940 Tarpon St.

CITY-ST-ZIP Ft. Myers, FL 33916

TITLE VICE PRES. ☐ DELETE

NAME BEAUBA STERBENS

STREET ADDRESS 3579 Edgewood Ave

CITY-ST-ZIP Ft. Myers, FL 33916

TITLE SEC. ☐ DELETE

NAME Lesa Schwartz

STREET ADDRESS 6080 Greenbriar Farms Rd.

CITY-ST-ZIP Ft. Myers, FL 33905

TITLE TREAS./DIRECTOR ☐ DELETE

NAME Anthony Flammia

STREET ADDRESS 18050 Giddens Dr.

CITY-ST-ZIP Alva, FL 33920

TITLE DIRECTOR ☐ DELETE

NAME MILTON ALLEN

STREET ADDRESS 226 NE 24 AVE

CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME BILL HORGAN

1.3 STREET ADDRESS 1105 SE 16 TER

1.4 CITY-ST-ZIP CAPE CORAL, FL 33990

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME ANTHONY DI COSTA

2.3 STREET ADDRESS 624 SE 31 ST.

2.4 CITY-ST-ZIP CAPE CORAL, FL 33904

3.1 TITLE DIRECTOR ☐ Change ☒ Addition

3.2 NAME DAVID WIENER

3.3 STREET ADDRESS 27174 SUNNYBROOK Rd

3.4 CITY-ST-ZIP PUNTA GORDA, FL 33983

4.1 TITLE DIRECTOR ☐ Change ☒ Addition

4.2 NAME LEN COLLEY

4.3 STREET ADDRESS 218 GLEASON PKWY

4.4 CITY-ST-ZIP CAPE CORAL, FL 33914

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 500002904865--4

5.3 STREET ADDRESS -06/15/99-01045-005

5.4 CITY-ST-ZIP \*\*\*\*\*35.00 \*\*\*\*\*35.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MA 7/19

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESA S. SCHWARTZ

7-9-99

Date

941-334-1136

Daytime Phone #

CR2E037 (11/98)