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941-334-1136 Davime Phone #

| COR<br>ANNU  | PROPRIET PROPRIETOR . JULIAN PROPRIETOR . JULI |   | LORIDA DEPART  Katherine  Secretary  DIVISION OF CO  | Harris . •<br>of State   | AFT RETARY OF CORP   | i<br>ESTATE<br>PORATIONS                                       |  |  |
|--|--|---|--|--|--|--|--|--|
| DOCUMENT # N93600000867  Coverant Community Ministries, Inc.   |  |   |  |  | 99 JUL 19 PA   | 99 JUL 19 PM 12: 55  |  |  |
| Principal Place  | e of Business  | Mailing A   | Address  |  |  |  |  |  |
| 940 Ta   | rpon St.   |   | same   |  |  |  |  |  |
| FA. Mu   | jers, Fc 33916   |   |  |  |  |  |  |  |
|  | lace of Business Tarpox St   | 2a. Mailir  | ng Address<br>Sume   |  | 3. Date Incorporated or Qualifed   | <u></u>  | <del></del>  |  |
| Suite, Apt.  | #, etc.  | <u>├</u> ─┐   | Apt. #, etc.   |  | 4. FEI Number  | Арр  | lied For   |  |
| City & State   |  | 27 City   | & State  |  | 65-0395410   |  | Applicable   |  |
| 23 Ft. W   | nyurs PC   | 28  | a Cidle  |  | 5. Certifcate of Status Desired  | \$8.75 A   |  |  |
| zip<br>24 339  |  | Zip<br>29   | 3  | Country  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 h<br>Added to   |  |  |
|  | 9. Name and Address of Curre   | nt Registered   | Agent  | 81 Name  | 10. Name and Address of New Register   | ed Agent   |  |  |
| Thomas   | as b. Sterbens   |   |  |  |  |  | <del></del>  |  |
| Gun -  | Tarpon St.   |   |  | 82 Street  | Address (P.O. Box Number is Not Acceptable)  |  |  |  |
|  |  |   |  | [83]   | F (-) (-) (-) (-) (-) (-) (-) (-) (-) (-)  | -4 C C C -   |  |  |
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SIGNATURE: SIGNATURE AND TYPHO OR PRINTED NAME OF SIGNAMO OF FEBRUARTZ
LESA S. SCHWARTZ