

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90002 025 ****61.25

DOCUMENT # N93000000867

1. Entity Name

COVENANT COMMUNITY MINISTRIES, INC.

Principal Place of Business

**940 TARPON STREET
 FT. MYERS FL 33916**

Mailing Address

**940 TARPON STREET
 FT. MYERS FL 33916-1139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395410

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STERBENS, THOMAS D	
STREET ADDRESS	940 TARPON STREET	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERBENS, BRENDA	
STREET ADDRESS	3579 EDGEWOOD AVE	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LESA	
STREET ADDRESS	6080 GREENBRIAR FARMS RD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLAMMA, ANTHONY	
STREET ADDRESS	18050 GIDDENS DR	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, MILTON	
STREET ADDRESS	226 NE 24 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORGAN, BILL	
STREET ADDRESS	1105 SE 16 TER	
CITY-ST-ZIP	CAPE CORAL FL 33990	

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: *Brenda Sterbens* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2000

Date

941-334-1136

Daytime Phone #