

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0063632

DOCUMENT # N93000000867

1. Entity Name

COVENANT COMMUNITY MINISTRIES, INC.

03-31-2002 90337 031 ****61.25

Principal Place of Business

Mailing Address

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

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **STERBENS, BRENDA**
 STREET ADDRESS **3579 EDGEWOOD AVE**
 CITY-ST-ZIP **FT MYERS FL 33916**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SCHWARTZ, LESA**
 STREET ADDRESS **6080 GREENBRIAR FARMS RD**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **FLAMMIA, ANTHONY**
 STREET ADDRESS **18050 GIDDENS DR**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALLEN, MILTON**
 STREET ADDRESS **226 NE 24 AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HORGAN, BILL**
 STREET ADDRESS **1105 SE 16 TER**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change 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:

STERBENS, THOMAS D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

941-334-1136

Date

Daytime Phone #

CR2E037 (9/01)