

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N93000001199 (9)

1. Corporation Name

COVENANT COMMUNITY DEVELOPMENT CORPORATION

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

500 COLLEGE TERR.
HOMESTEAD FL 33030

Mailing Address

500 COLLEGE TERR.
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1993

3a. Date of Last Report
08/12/1994

4. FEI Number

65-0390499

Applied For
Not Applicable

2. Principal Place of Business

21 Same as Above

2a. Mailing Address

26 Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25 Dade

29

30 Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEHEMAH DAVIS
500 COLLEGE TERRACE
HOMESTEAD FL 33030**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ANDREWS ISRAEL**
STREET ADDRESS **581 N.W. 3RD. ST.**
CITY-ST-ZIP **FL FLORIDA CITY FL 33030**

TITLE **CD**
NAME **RILEY JULIUS**
STREET ADDRESS **684 N.W. 9TH ST.**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **SD**
NAME **NWADIKE EMMANUEL**
STREET ADDRESS **12938 N.W. 133RD COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD**
NAME **COLE MARY L.**
STREET ADDRESS **111 S.W. 5TH AVE.**
CITY-ST-ZIP **MIAMI FL 33034**

TITLE **D**
NAME **BALDWIN DARIN**
STREET ADDRESS **743 N.W. 6TH COURT**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **D**
NAME **BUCKLEY ETHEL**
STREET ADDRESS **712 N.W. 6TH COURT**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Vice President

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Secretary/Director
Mary Louise Cole
111 S.W. 5th
Miami, FL 33034**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Treasurer/Director
Bob Jensen
1550 N. Krome Ave
Homestead, FL 3303**

☒ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

Signature #