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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001199 (9)**
1. Corporation Name

COVENANT COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business 1834 NW 6TH AVENUE FLORIDA CITY FL 33034 US	Mailing Address P.O. BOX 900370 HOMESTEAD FL 33090-0370 US
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3. Date Incorporated or Qualified

03/05/1993

4. FEI Number

65-0390499

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

6. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, NEHEMIAH
1634 NW 6TH AVENUE
FLORIDA CITY FL 33034**

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 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 **ANDREWS, ISRAEL J**
STREET ADDRESS **567 NW 3RD STREET**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **VP** ☐ DELETE

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

TITLE **SD** ☐ DELETE

NAME **COLE, MARY LOUISE**
STREET ADDRESS **22025 SW 87TH AVENUE**
CITY-ST-ZIP **CUTLER RIDGE FL 33032**

TITLE **T** ☐ DELETE

NAME **JENSEN, BOB**
STREET ADDRESS **1550 N. KROME AVE.**
CITY-ST-ZIP **HOMESTEAD FL 33157**

TITLE **D** ☒ DELETE

NAME **BALWIN, DARIN**
STREET ADDRESS **P.O. BOX 343045 N/A**
CITY-ST-ZIP **FLORIDA CITY FL 33032**

TITLE **D** ☐ DELETE

NAME **BUCKLEY, ETHEL**
STREET ADDRESS **712 NW 7TH AVENUE**
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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Neheemiah Davis

4/29/98

CR2E037 (10/97)