

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90007 009 \*\*\*\*70.00

**DOCUMENT # N93000001199**

1. Entity Name

**COVENANT COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

**1634 NW 6TH AVENUE  
 FLORIDA CITY FL 33034  
 US**

Mailing Address

**P.O. BOX 900370  
 HOMESTEAD FL 33090-0370  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0390499**

Applied For

Not Applicable

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

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

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

*Nehemiah Davis*

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☐ Delete  
 NAME RILEY, JULIUS  
 STREET ADDRESS 684 N.W. 9TH ST.  
 CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☒ Delete  
 NAME JENSEN, BOB  
 STREET ADDRESS 1550 N. KROME AVE.  
 CITY-ST-ZIP HOMESTEAD FL 33157

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME BUCKLEY, ETHEL  
 STREET ADDRESS 712 NW 7TH AVENUE  
 CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Nehemiah Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/27/2001*

CR2E037 (10/00)