

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90031 042 \*\*\*\*61.25

DOCUMENT # **N 93 00000 1199**

1. Entity Name

**Covenant Community Development Corporation**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1634 NW 6th Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**567 NW 3rd St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Florida City, FL**

Zip  
**33034**

Country

**USA**

City & State

**Florida City, FL**

Zip

**33034**

Country

4. FEI Number

**65 0390499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **DAVIS, Nehemiah**

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

**1634 NW 6th Ave**

City

**Florida City**

FL

Zip Code

**33034**

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25  
Initial or Amended UBR**

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 <b>P.D.</b>	NAME <b>Andrews, Israel J.</b>
STREET ADDRESS <b>567 NW 3rd St.</b>	
CITY-ST-ZIP <b>Florida City, FL 33034</b>	
TITLE <b>VP</b>	NAME <b>Riley, Julius</b>
STREET ADDRESS <b>684 NW 9th St</b>	
CITY-ST-ZIP <b>Florida City, FL 33034</b>	
TITLE <b>S.D.</b>	NAME <b>Cole, Mary Louise</b>
STREET ADDRESS <b>22025 SW 87th Ave</b>	
CITY-ST-ZIP <b>Cutler Ridge, FL 33032</b>	
TITLE <b>T.D.</b>	NAME <b>Jensen, Bob</b>
STREET ADDRESS <b>1550 N. Krome Ave</b>	
CITY-ST-ZIP <b>Homestead, FL 33157</b>	
TITLE <b>D</b>	NAME <b>Buckley, Ethel</b>
STREET ADDRESS <b>712 NW 7th Ave.</b>	
CITY-ST-ZIP <b>Florida City, FL 33034</b>	
TITLE	NAME
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IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

**John Little**

**4-29-2002**

Date

Daytime Phone #

CR2E037B (12/01)