

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004189

1. Entity Name

COVENANT OF FAITH FELLOWSHIP INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 21 PM 1:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1226 S. ARCADIA AVE.
ARCADIA FL 34266

Mailing Address

P.O. BOX 126
ARCADIA, FL 34265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

LIEDKE, LARRY
8266 SOUTH EAST HWY 31
ARCADIA FL 34266

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

LARRY Liedke

PD

[Signature]

9-12-2001

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

(If FEI Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIEDKE, LARRY	
STREET ADDRESS	8266 S.E. HWY 31	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LIEDKE, LEAH	
STREET ADDRESS	8266 S.E. HWY 31	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOUTHWELL, SHARON	
STREET ADDRESS	1572 S W SKATES ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HUNT, PHILLIP	
STREET ADDRESS	714 OHARA DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VIT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURT OWEN	
STREET ADDRESS	P.O. Box 3286	
CITY-ST-ZIP	FT. Pierce, FL 34948	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Leiphon	
STREET ADDRESS	P.O. Box 3286	
CITY-ST-ZIP	FT. Pierce, FL 34948	
TITLE	Jerry Lewis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Lewis	
STREET ADDRESS	2205 S. 26 ST.	
CITY-ST-ZIP	FT. Pierce, FL 34947	
TITLE	C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT SICA	
STREET ADDRESS	124 N. BREVARD AVE.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILMAN FUENTES	
STREET ADDRESS	1481 N.E. LIVINGSTON ST.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]

9-12-2001 863-990-1454

CR2E037 (5/01)