

FILE NOW: FILING FEE IS \$61.25

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Jun 09 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 # N 95 000005226

Ack of the Covenant Ministries Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified November 3, 1995	
4. FEI Number 65-0620416	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6075 SW 64th St	26 P.O. Box 1455
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 South Miami FL	27 South Miami FL
City & State	City & State
23 South Miami FL	28 South Miami FL
Zip	Zip
24 33143	29 33243
Country	Country
25 U.S.	30 U.S.

9. Name and Address of Current Registered Agent

James E Smith
7840 Harding Ave
Miami Beach FL 33140

10. Name and Address of New Registered Agent

81 Name James E Smith
82 Street Address (P.O. Box Number is Not Acceptable) 3977 SW 66 Terrace
83
84 City South Miami
85 Zip Code FL 33143

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 **James E Smith** **James E Smith** **President** **6/2/98**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	JAMES E SMITH	
STREET ADDRESS	3977 SW 66 TERRACE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	MARY ALICE MATHIS	
STREET ADDRESS	3977 SW 66 TERRACE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	EMMANUEL WHIPPLE	
STREET ADDRESS	6075 SW 64th St	
CITY-ST-ZIP	South Miami FL 33143	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	MATTIE HALL	
STREET ADDRESS	6075 SW 64th St.	
CITY-ST-ZIP	South Miami FL 33143	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Beverly Fuller	
STREET ADDRESS	6075 SW 64th St.	
CITY-ST-ZIP	South Miami FL 33143	
TITLE	N/A	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	N/A
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shouna Strawder
4.3 STREET ADDRESS	6075 SW 64th St
4.4 CITY-ST-ZIP	South Miami FL 33143
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shouna Strawder
5.3 STREET ADDRESS	6075 SW 64th St.
5.4 CITY-ST-ZIP	South Miami FL 33143
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002553541
6.3 STREET ADDRESS	-0610948-01105-037
6.4 CITY-ST-ZIP	***61.25

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: **James E Smith** **James E Smith** **6/2/98** **(305) 740-0479**

CR2E037 (10/97)