

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005512 (6)
1. Corporation Name

THE KING'S COVENANT MINISTRY, INC.

Principal Place of Business

Mailing Address

1940 JEFFORDS ST
CLEARWATER FL 34624

1940 JEFFORDS ST
CLEARWATER FL 34624-4732

3. Date Incorporated or Qualified
10/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENBIEG, PAMELA KAY
1940 JEFFORDS ST
CLEARWATER FL 34624

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.)

Or

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
TENBIEG, PAMELA KAY
STREET ADDRESS
1940 JEFFORDS ST
CITY-ST-ZIP
CLEARWATER FL 34624

TITLE ☒ DELETE

NAME
D
BURNS, BONNIE RAE
STREET ADDRESS
1940 JEFFORDS ST
CITY-ST-ZIP
CLEARWATER FL 34624

TITLE ☒ DELETE

NAME
D
SLAUGHTER, DANA LYNN
STREET ADDRESS
918 MOSS AVE
CITY-ST-ZIP
CLEARWATER FL 34619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
D
DANIEL McDONALD
1.3 STREET ADDRESS
1435 Embassy Drive
1.4 CITY-ST-ZIP
Clearwater, FL 33764

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
D
JOY GRAY
2.3 STREET ADDRESS
1105 Woodly Rd.
2.4 CITY-ST-ZIP
Clearwater, FL 33761

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
D
Teresa McDonald
3.3 STREET ADDRESS
1435 Embassy Drive
3.4 CITY-ST-ZIP
Clearwater, FL 33764

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
D
Linda Smith
4.3 STREET ADDRESS
1324 Highfield Dr.
4.4 CITY-ST-ZIP
Clearwater, FL 34624

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
D
Pam Smith
5.3 STREET ADDRESS
203 Sweet briar Dr.
5.4 CITY-ST-ZIP
TROY, AL 36081

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)