

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90087 008 ****70.00

DOCUMENT # N98000005044

1. Entity Name

COVENANT BRIDE OF CHRIST MINISTRIES, INC.

Principal Place of Business

1010 O'DONIEL DR.
 LAKELAND FL 33809

Mailing Address

1010 O'DONIEL DR.
 LAKELAND FL 33809-2323

2. Principal Place of Business

1010 O'DONIEL DR.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 90461
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FLA.

City & State
LAKELAND Fla.

4. FEI Number
59-3542503

Applied For
 Not Applicable

Zip Country
33809 POLK

Zip Country
33804-0461 POLK

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, IRIS
 1010 O'DONIEL DR.
 LAKELAND FL 33809

7. Name and Address of New Registered Agent

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 *Iris M. Campbell*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-2000
 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	D	<input type="checkbox"/> Delete
NAME	LIGHT, LINDA	
STREET ADDRESS	1804 BETHUNE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, IRIS	
STREET ADDRESS	1010 O'DONIEL DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGERS, JOYCE	
STREET ADDRESS	P.O. 92779 N/A	
CITY-ST-ZIP	LAKELAND FL 33804-2779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: *Iris M. Campbell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2000
 Date

Daytime Phone #

CR2E037 (9/99)