2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005044

1. Entity Name
COVENANT BRIDE OF CHRIST MINISTRIES, INC.

Principal Place of Business	Mailing Address
1010 ODONIEL DR. LAKELAND, FL 33809	P.O. BOX 90461 LAKELAND, FL 33809

01262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3542503
☐ Applied For
☐ Not Applicable

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000127514
04/26/04-80001-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIGHT, LINDA
STREET ADDRESS	1804 BETHUNE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	CAMPBELL, IRIS
STREET ADDRESS	1010 O'DONIEL DR.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	SHAW, SHERYL
STREET ADDRESS	2821 SHEPEARD RD
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Iris M. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #