## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 22, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N98000005044 04-22-2005 90286 019 \*\*\*\*61.25 COVENANT BRIDE OF CHRIST MINISTRIES, INC. Principal Place of Business Mailing Address 1010 ODONIEL DR. P.O. BOX 90461 LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3542503 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, IRIS 1010 O'DONIEL DR. Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33809 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE Change ■ Addition LIGHT, LINDA NAME STREET ADDRESS 1804 BETHUNE STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 CITY - ST- 7IP D ☐ Delete ☐ Change TITLE ☐ Addition CAMPBELL, IRIS NAME NAME 1010 O'DONIEL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change SHAW, SHERYL NAME NAME STREET ADDRESS 2821 SHEPEARD RD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Cempbell SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

**FILED**