

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90982 050 ****61.25

DOCUMENT # N98000005044

1. Entity Name

COVENANT BRIDE OF CHRIST MINISTRIES, INC.



Principal Place of Business

**1010 O'DONIEL DR.
LAKELAND FL 33809**

Mailing Address

**P.O. BOX 90461
LAKELAND FL 33809**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Delete
NAME	BIGGERS, JOYCE	
STREET ADDRESS	P.O. 92779 N/A	
CITY-ST-ZIP	LAKELAND FL 33804-2779	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERYL Shaw	
STREET ADDRESS	2821 Shepherd Rd.	
CITY-ST-ZIP	LAKELAND FLA. 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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)(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:

Signature Required

4-28-2003 863-8597471

CR2E037 (10/02)

~~Attachment~~ 90118451
DOC# N90000005044

Cheryl Shaw
2821 Shepherd Rd.
LAKE LAND FLA.
33811
