2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # **N99000004703** COVENANT ON THE ROCK MINISTRIES INTERNATIONAL, I 05-28-2002 91772 019 ****61.25 Principal Place of Business Mailing Address 110 JEAN STREET P.O. BOX 1763 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32115-1763 2. Principal Place of Business 3. Mailing Address P. O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 142 CORPORATION HYAMAUS City & State City & State Applied For 4. FEI Number 59-3514317 HYANNIS ZIMMAPL Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired USA 02601 02<u>60</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TKOWGHT-WOTZUTW-Street Address (P.O. Box Number is Not Acceptable) TROUGHT, WINSTON W 1717 MASON AVE, UNIT 220 DAYTONA BEACH FL 32117 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to E NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (10/6) TITLE ☐ Delete TITLE P.O. Box 101 ☐ Addition TROUGHT, WINSTON W NAME NAME STREET ADDRESS PO BOX 1763 STREET ADDRESS HYANNIS CITY-ST-ZIP MA 62601 CITY-ST-ZIP DAYTONA BEACH FL 32115 VS TD ☐ Delete TITLE TROUGHT, JACQUELINE TROUGHT, JACQUELINE E NAME NAME P.O. BOX 101 PO BOX 1763 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32115 CITY-ST-ZIP CITY-ST-ZIP HYANNIS TÎTLE - 🔲 Delete -☐ Change ELLIOTT, WILLIAM F NAME NAME PO BOX 1763 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32115 CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed in Block 11 if change

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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