2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90004 001 ***150.00

DOCUMENT # P98000043574

1. Entity Name
COVENANT PUBLISHING, INC.

Principal Place of Business	Mailing Address
1980 N ATLANTIC AVE. SUITE 712 COCOA BEACH FL 32931	1980 N ATLANTIC AVE. SUITE 712 COCOA BEACH FL 32931

644456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2323 S. WASHINGTON AVE.		2323 S WASHINGTON AVE.	
Suite, Apt. #, etc.: SUITE 204		Suite, Apt. #, etc.: SUITE 204	
City & State: TITUSVILLE FL		City & State: TITUSVILLE, FL	
Zip: 32780	Country: USA	Zip: 32780	Country: USA

4. FEI Number 59-3510831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, THOMAS H 1980 N ATLANTIC AVE, SUITE 712 COCOA BEACH FL 32931	Name Street Address (P.O. Box Number is Not Acceptable): 2323 S. WASHINGTON AVE., SUITE 204 City: TITUSVILLE FL Zip Code: 32780

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 [signature] THOMAS H. JACKSON 4/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, THOMAS H 1644 S PARK AVENUE TITUSVILLE FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, R. MICHAEL 1009 SYCAMORE DR ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] THOMAS H. JACKSON 4/18/01 321 267-1828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)