

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45447

Entity Name: EVERLASTING COVENANT FAITH REVIVAL CENTER, INC.**Current Principal Place of Business:**2342 N, F ST
PENSACOLA, FL 32501**Current Mailing Address:**1707 NORTH GARY AVE.
PENSACOLA, FL 32505 US**FEI Number:** 59-3085671**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARRELL, MATTIE P.
1707 N. GARY AVE.
PENSACOLA, FL 32505 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name HARRELL, MATTIE P.
Address 1707 N. GARY AVE.
City-State-Zip: PENSACOLA FL 32505Title D
Name HARRELL, ROBERT M.
Address 1707 N. GARY AVE.
City-State-Zip: PENSACOLA FL 32505Title D
Name WHITE, PAUL A.
Address 1707 N. GARY AVE.
City-State-Zip: PENSACOLA FL 32505Title D
Name SCOTT, CHRISTINA
Address 1707 N. GARY AVE.
City-State-Zip: PENSACOLA FL 32505Title D
Name HARRELL, MOSES LEESHUN
Address 1707 N. GARY AVE.
City-State-Zip: PENSACOLA FL 32505Title D
Name HARRELL, ROBERT LEE
Address 1707 N. GARY AVE.
City-State-Zip: PENSACOLA FL 32505

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL A WHITE

D

04/28/2014

Electronic Signature of Signing Officer/Director Detail_____
Date