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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742153** (0)  
1. Corporation Name  
**COVENANT VILLAGE OF FLORIDA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**9201 W. BROWARD BLVD. PLANTATION FL 33324** **9201 W. BROWARD BLVD. PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **03/21/1978** 3a. Date of Last Report **01/31/1994**  
4. FEI Number **52-1115870** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199(1)(7) Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIERICKE, KURT, A	12 NAME	
STREET ADDRESS	11929 E. COLONIAL DRIVE, SUITE 146	13 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	
TITLE	DAS	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ROBERT, H	22 NAME	
STREET ADDRESS	769 MONTEREY BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	24 CITY - ST - ZIP	
TITLE	C	31 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDLEN, ROBERT E	32 NAME	SAGER, RALPH L.
STREET ADDRESS	5451 NORTH ST. LOUIS	33 STREET ADDRESS	P.O. Box 310816
CITY - ST - ZIP	CHICAGO IL	34 CITY - ST - ZIP	Newington, CT 06131-0816
TITLE	C	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, CARL J M.D.	42 NAME	
STREET ADDRESS	1120 PALMER LANE	43 STREET ADDRESS	
CITY - ST - ZIP	PAL HARBOR FL	44 CITY - ST - ZIP	
TITLE	ASD	51 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVING, CARL D.	52 NAME	FRYKMAN, LORRAINE A.
STREET ADDRESS	11210 LIVE OAK DR.	53 STREET ADDRESS	4900 Garfield Avenue
CITY - ST - ZIP	MINNETONKA, MN.	54 CITY - ST - ZIP	Minneapolis, MN 55409
TITLE	VP	61 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ROBERT W	62 NAME	DWIGHT, DAVID A.
STREET ADDRESS	MISSIONARY ROAD	63 STREET ADDRESS	5115 N. Francisco Ave.
CITY - ST - ZIP	CROMWELL CT	64 CITY - ST - ZIP	Chicago, IL 60625-3611

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David A. Dwight* VP DAVID DWIGHT 4/26/95 (312) 878-2254  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR (Date) (System 11000 2)