

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742153 (0)

1. Corporation Name  
COVENANT VILLAGE OF FLORIDA, INC.



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

3. Date Incorporated or Qualified: 03/21/1978  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	Not Applicable
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees
25	Country	30	Country			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIERICKE, KURT, A			1.2 NAME			
STREET ADDRESS	11929 E. COLONIAL DRIVE, SUITE 146			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, ROBERT, H			2.2 NAME	ANDERSON, REV. ISOLDE K.		
STREET ADDRESS	769 MONTEREY BLVD			2.3 STREET ADDRESS	33 LAKE STREET		
CITY-ST-ZIP	SAN FRANCISCO CA			2.4 CITY-ST-ZIP	PEABODY, MA 01960		
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAGER, RALPH L			3.2 NAME			
STREET ADDRESS	P O BOX 310816, 385 STAMM RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEWINGTON CT			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, CARL J M.D.			4.2 NAME			
STREET ADDRESS	1120 PALMER LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PAL HARBOR FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRYKMAN, LORRAINE A			5.2 NAME			
STREET ADDRESS	4900 GARFIELD AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DWIGHT, DAVID A			6.2 NAME			
STREET ADDRESS	5115 N FRANCISCO AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			6.4 CITY-ST-ZIP			

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 119.07(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 1/17/96 312/878-2294  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 David A. Dwight

CR2E037 (12/95)