FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 74

1997

742153

(0)

COVENANT VILLAGE OF FLORIDA, INC.

FILED Feb 03 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing ,	Address						
9201 W. BROWN PLANTATION FL		9201 W. BROWARD BLVD. PLANTATION FL 33324-2452							
						3. Date Incorporated or Qualified 03/21/1978	3a. Date of Last Repo 02/05/1996	ort	
2. Principal Pl	ace of Business	2a. Maili	ng Address			4. FEI Number	Applie	ed For	
21		26				52-1115870 Not App		pplicable	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	litional	
22		27				b. Certificate of Status Desired	Fee Requi	ired	
City & State	9	City	& State			6. Election Campaign Financing	\$5.00 ма	y Be	
23		28				Trust Fund Contribution	Added to F	ees	
Zip	Country	Zip		Countr	У	8. This corporation has liability for		9.032,	
24	25	29		30			Yes No		
	9. Name and Address of Cur	rent Registered	Agent			10. Name and Address of New Re	glatered Agent		
				8	Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET				82	Street	t Address (P.O. Box Number is Not Acceptable)			
SUITE 1	· · ·			8:					
TALLAHA	ASSEE FL 32301			84	City		85 Zip Coo		
				•	City		FL 85 Zip Coo	16	
11. Pursuant office or ragent. La	to the provisions of Sections 617.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 617.156 ate of Florida. Su digations of, Sect	08, Florida Statu Ich change was Iion 617.0503, F	ites, the abo authorized b lorida Statute	re-named by the cor es.	I corporation submits this statement for the poration's board of directors. I hereby accep	ourpose of changing its re of the appointment as reg	gistered jistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applic	able (NO	ITE: Registered A	ent signature	e required when reinstating)	DATE		
12.		AND DIRECTOR		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS I	N 12	
TITLE	D		DELETE	1.1 TITLE			Change [Addition	
NAME	MIERICKE, KURT, A			1.2 NAME					
STREET ADDRESS	11929 E. COLONIAL DRIVE	SUITE 146		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 C67Y-	ST-7IP		•		
TITLE	D		DELETE	2.1 TITLE			Change [Addition	
NAME	ANDERSON, REV I K			2.2 NAME					
STREET ADDRESS	33 LAKE STREET			2.3 STRE	T ADORESS				
City-St-ZiP	PEABODY MA			2. 4 CITY					
TITLE	C		X DELETE	3.1 TITLE		C	K Change	Addition	
NAME	SAGER, RALPH L			3.2 NAME		ESPINOSA, MARC E			
STREET ADDRESS	P O BOX 310816, 385 STA	MM RD			T ADDRESS	8440 WE 3T 72nd PLA	CE		
CITY-ST-ZIP	NEWINGTON CT			3.4. CITY		ARVADA, CO 80005			
TITLE	D		X DELETE	4.1 TITLE		D	A Change	Addition	
NAME	OLSON, CARL J M.D.		_ _	4. 2 NAM		SODERSTROM, MARLEN		_	
STREET ADDRESS	1120 PALMER LANE				T ADDRESS	630 HILLCREST AVEN			
CITY-ST-ZIP	PAL HARBOR FL			4.4 CITY		GRAND LANSING, MI	48823		
TITLE	S		DELETE	5.1 TITLE				Addition	
NAME	FRYKMAN, LORRAINE A			5.2 NAME		<u>'</u>	_ · · •		
STREET ADDRESS	4900 GARFIELD AVE				T ADDRESS				
CITY-ST-ZIP	MINNEAPOLIS MN			5.4 CITY-					
TITLE	VP		DELETE	6.1 TITLE			Change L	Addition	
	DWIGHT, DAVID A			1		1	tend Guardia III		
NAME				6.2 NAME					
STREET ADDRESS	5115 N FRANCISCO AVE				T ADDRESS				
CITY-ST-ZIP	CHICAGO IL			6.4 CITY	\$1-2IP				

14. I do 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 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



1/14/97

Daytime Phone # 0037140