

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 010 ***122.50
 07-08-1999 90026 027 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **742153** ✓
 1. Corporation Name
COVENANT VILLAGE OF FLORIDA, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/21/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1115870	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

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			85 Zip Code
			FL				

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SAGER, RALPH L	1.2 NAME	Swedberg, Richard L.
STREET ADDRESS	240 TALCOTT NOTCH RD	1.3 STREET ADDRESS	111 West Washington Ste. 1860
CITY-ST-ZIP	FARMINGTON CT 06032	1.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, REV I K	2.2 NAME	DeGrado, Rev. James H.
STREET ADDRESS	4541 W PETERSON AVE	2.3 STREET ADDRESS	17412 N. E. 10th Street
CITY-ST-ZIP	CHICAGO IL 60646	2.4 CITY-ST-ZIP	Bellevue, WA 98008
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOSA, MARC E	3.2 NAME	Zetterlund, Joan E.
STREET ADDRESS	8440 WEST 72ND PL 5684 Fig Way	3.3 STREET ADDRESS	5304 North Bernard
CITY-ST-ZIP	ARVADA CO 80002	3.4 CITY-ST-ZIP	Chicago, IL 60625
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODERSTROM, MARLENE	4.2 NAME	Magnuson, Bruce R.
STREET ADDRESS	630 HILLCREST AVE	4.3 STREET ADDRESS	7 Southgate Court
CITY-ST-ZIP	GRAND LANSING MI 48823	4.4 CITY-ST-ZIP	Burr Ridge, IL 60521
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYKMAN, LORRAINE A	5.2 NAME	Mortenson, G. Douglas
STREET ADDRESS	4900 GARFIELD AVE	5.3 STREET ADDRESS	2646 Cascade Springs Drive
CITY-ST-ZIP	MINNEAPOLIS MN 55409	5.4 CITY-ST-ZIP	Grand Rapids, MI 49546
TITLE	P <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 60625	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 6/30/99 954-472-2860
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)