## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002310

Entity Name: COVENANT CARE, INC.

FILED Mar 13, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8982 TAFT STREET 8963 STIRLING ROAD 101

PEMBROKE PINES, FL 33024

COOPER CITY, FL 33328

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 450614 MIAMI, FL 33245

FEI Number: 65-0999293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPERDUTO, GUY D SPERDUTO, GUY D 8982 TAFT STREET 8963 STIRLING ROAD US

PEMBROKE PINES, FL 33024 COOPER CITY, FL 33328 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: 03/13/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

CEOF

SCARFE, FERGUS Name: Address: 8963 STIRLING ROAD City-St-Zip: COOPER CITY, FL 33328

Title:

Name: DRURY, JACK Address: 8963 STIRLING ROAD COOPER CITY, FL 33328 City-St-Zip:

Title:

SPERDUTO, GUY Name: 8963 STIRLING ROAD Address: City-St-Zip: COOPER CITY, FL 33328

Title:

Name: JACKSON, ARTHOR 8963 STIRLING ROAD Address: City-St-Zip: COOPER CITY, FL 33328

Title:

BARBUSCA, ANTHONY Name: 8963 STIRLING ROAD Address: COOPER CITY, FL 33328 City-St-Zip:

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: GUY D. SPREDUTO T 03/13/2012