

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000896

FILED
Feb 26, 2011
Secretary of State

Entity Name: CHILDRENS ACADEMY OF FINE ARTS AT COVENANT, INC.

Current Principal Place of Business:

3701 SOUTH CLYDE MORRIS BOULEVARD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

PO BOX 291523
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 26-2154463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAYBACK, DAVID
3321 MEDICI BLVD
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SLAYBACK, LEIGH
Address: 3321 MEDICI BOULEVARD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: MERCER, FRANK
Address: 3732 LONG GROVE LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: ROBERTS, WILLIAM
Address: 329 WILDER BLVD APT C201
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: SLAYBACK, DAVID
Address: 3321 MEDICI BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: DAVID SLAYBACK

DIR

02/26/2011

Electronic Signature of Signing Officer or Director

Date