

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004254

FILED
Apr 23, 2008
Secretary of State

Entity Name: COVENANT ENABLING RESIDENCES OF FLORIDA, INC.

Current Principal Place of Business:

2747 TURNBULL COVE DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

204 ADDINGTON DRIVE
DELAND, FL 32724

Current Mailing Address:

2747 TURNBULL COVE DRIVE
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

204 ADDINGTON DRIVE
DELAND, FL 32724

FEI Number: 59-3399402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, NILS A
2747 TURNBULL COVE DRIVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

SWANSON, NILS A
401 W. SEMINOLE BLVD
APT 235
SANFORD, FL 32771 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:

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, DAVID
Address: 1255 GLEN ROYAL TERR
City-St-Zip: DELAND, FL 32720

Title: CD () Delete
Name: MIERICKE, KURT
Address: 1759 W BROADWAY STE 7
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: BULLARD, KAREN
Address: 677 STONEFIELD LN
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: MIERICKE, KURT
Address: 1820 SENECA BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NILS SWANSON

RA

04/23/2008

Electronic Signature of Signing Officer or Director

Date