

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004254

FILED  
Sep 14, 2009  
Secretary of State

**Entity Name:** COVENANT ENABLING RESIDENCES OF FLORIDA, INC.

**Current Principal Place of Business:**

204 ADDINGTON DRIVE  
DELAND, FL 32724

**New Principal Place of Business:**

1820 SENECA BLVD  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

204 ADDINGTON DRIVE  
DELAND, FL 32724

**New Mailing Address:**

1820 SENECA BLVD  
WINTER SPRINGS, FL 32708

**FEI Number:** 59-3399402      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

MIERICKE, KURT A  
1820 SENECA BLVD  
WINTER SPRINGS, FL 32708      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: KURT MIERICKE

09/14/2009

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: 1820 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

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: BANKS, DEIRDRE  
Address: 3740 58TH ST. N. #208  
City-St-Zip: ST. PETERSBURG, FL 33710

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: KAREN BULLARD

TD

09/14/2009

Electronic Signature of Signing Officer or Director

Date