

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002310

1. Entity Name
COVENANT CARE, INC.



Principal Place of Business
**8982 TAFT STREET
PEMBROKE PINES, FL 33024**

Mailing Address
**P.O. BOX 450614
MIAMI, FL 33245**

DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0999293** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPERDUTO, GUY D
8982 TAFT STREET
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000540341
05/10/06-80014-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SCARFE, FERGUS
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	C
NAME	DRURY, JACK
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	T
NAME	SPERDUTO, GUY
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	JACKSON, ARTHOR
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	BARBUSCA, ANTHONY
STREET ADDRESS	8982 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Year