

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000896

Entity Name: CHILDRENS ACADEMY OF FINE ARTS AT COVENANT, INC.**Current Principal Place of Business:**3321 MEDICI BOULEVARD
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**3321 MEDICI BOULEVARD
NEW SMYRNA BEACH, FL 32168 US**FEI Number: 26-2154463****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLAYBACK, DAVID
3321 MEDICI BLVD
NEW SMYRNA BEACH, FL 32168 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	D
Name	MOTT, JOAN
Address	5406 SWORDFERN CT
City-State-Zip:	PORT ORANGE FL 32128

Title	D
Name	WYLIE, SUSY
Address	3606 S PENINSULA DR 104
City-State-Zip:	PORT ORANGE FL 32127

Title	D
Name	HEAD, JOANNE
Address	1660 ROOSEVELT BLVD
City-State-Zip:	DAYTONA BEACH FL 32124

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 B. SLAYBACK**DIRECTOR, SECRETARY 03/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date