

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004254

Entity Name: COVENANT ENABLING RESIDENCES OF FLORIDA, INC.**Current Principal Place of Business:**1820 SENECA BLVD
WINTER SPRINGS, FL 32708**Current Mailing Address:**1820 SENECA BLVD
WINTER SPRINGS, FL 32708**FEI Number:** 59-3399402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	CD
Name	SHAW, DAVID
Address	145 SPRINGWOOD CIRCLE A
City-State-Zip:	LONGWOOD FL 32750

Title	D
Name	MIERICKE, KURT
Address	1820 SENECA BLVD
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR
Name	LAND, LARRY
Address	121 DUNCAN TRAIL
City-State-Zip:	LONGWOOD FL 32779

Title	PD
Name	BANKS, DEIRDRE
Address	3740 58TH ST. N. #208
City-State-Zip:	ST. PETERSBURG FL 33710

Title	TD
Name	SCHNEIDER, ARNOLD W
Address	2320 FALMOUTH ROAD
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	SMITH, HELEN
Address	5524 ELIZABETH ROSE SQUARE
City-State-Zip:	ORLANDO FL 32810

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: KURT MIERICKE**DIRECTOR****01/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date