

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767249**

1. Entity Name  
**COVENANT HOUSE FLORIDA, INC.**



Principal Place of Business: **COVENANT HOUSE  
733 BREAKERS AVE.  
FORT LAUDERDALE, FL 33304 US**

Mailing Address: **COVENANT HOUSE  
733 BREAKERS AVE.  
FORT LAUDERDALE, FL 33304 US**



04112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2323607** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRESS, JAMES M  
733 BREAKERS AVE.  
FORT LAUDERDALE, FL 33304**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S-ED  
GRESS, JAMES M  
733 BREAKERS AVE  
FORT LAUDERDALE, FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
GRABOSKY, DAVID  
8623 COMMODITY CIRCLE  
ORLANDO, FL 32819**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CRUISE, PATRICIA A SR.  
346 W. 17TH ST  
NEW YORK, NY 1001-002**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
LANGSENKAMP, KURT  
721 NE 44 STREET  
FORT LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAST, JIM  
1612 EAST LAKE DR  
FT. LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ACKER, CARL  
733 BREAKERS AVENUE  
FT. LAUDERDALE, FL 33304**

U00000898236  
04/25/08-80080-004 70.00

**DO NOT WRITE  
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:** *James M. Gress* **James M. Gress, Executive Director, 4/11/2008 (954) 568-7925**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #