

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767249

FILED
Apr 16, 2009
Secretary of State

Entity Name: COVENANT HOUSE FLORIDA, INC.

Current Principal Place of Business:

COVENANT HOUSE
733 BREAKERS AVE.
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

COVENANT HOUSE
733 BREAKERS AVE.
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

COVENANT HOUSE FLORIDA, INC.
733 BREAKERS AVE.
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

COVENANT HOUSE FLORIDA, INC.
733 BREAKERS AVE.
FORT LAUDERDALE, FL 33304 US

FEI Number: 59-2323607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S-ED () Delete
Name: GRESS, JAMES M
Address: 733 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: C () Delete
Name: GRABOSKY, DAVID
Address: 8623 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: P () Delete
Name: CRUISE, PATRICIA A SR.
Address: 346 W. 17TH ST
City-St-Zip: NEW YORK, NY 1001-002 US

Title: VC () Delete
Name: LANGSENKAMP, KURT
Address: 721 NE 44 STREET
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: D () Delete
Name: CAST, JIM
Address: 1612 EAST LAKE DR
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: T () Delete
Name: ACKER, CARL
Address: 733 BREAKERS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RYAN, KEVIN M
Address: 5 PENN PLAZA
City-St-Zip: NEW YORK, NY 1001 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES M. GRESS

S/ED

04/16/2009

Electronic Signature of Signing Officer or Director

Date