2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-02-2008 90116 011 ****61.25

DOCUMENT # N00000002310

1. Entity Name
COVENANT CARE, INC.

Principal Place of Business	Mailing Address
8982 TAFT STREET PEMBROKE PINES, FL 33024	P.O. BOX 450614 MIAMI, FL 33245

B6013965

04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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	CEOF
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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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: X Anthony Barbusca Anthony Barbusca 6/6/08 941-803-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #