

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002310

FILED
Apr 09, 2009
Secretary of State

Entity Name: COVENANT CARE, INC.

Current Principal Place of Business:

8982 TAFT STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450614
MIAMI, FL 33245

New Mailing Address:

FEI Number: 65-0999293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPERDUTO, GUY D
8982 TAFT STREET
PEMBROKE PINES, FL 33024 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: CEO () Delete
Name: SCARFE, FERGUS
Address: 8982 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: C () Delete
Name: DRURY, JACK
Address: 8982 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: SPERDUTO, GUY
Address: 8982 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: JACKSON, ARTHOR
Address: 8982 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: BARBUSCA, ANTHONY
Address: 8982 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GUY D. SPERDUTO

MR.

04/09/2009

Electronic Signature of Signing Officer or Director

Date