

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004183

FILED
Apr 08, 2004
Secretary of State

Entity Name: COVENANT KID'S MANOR INC.

Current Principal Place of Business:

527 FREEMAN STREET
LONGWOOD, FL 32750

New Principal Place of Business:

101 SOUTHHALL LANE
400
MAITLAND, FL 32750

Current Mailing Address:

830 BELHAVEN DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3664515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEBSTER, CYNTHIA M
830 BELHAVEN DRIVE
ORLANDO, FL 32828 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: PD () Delete
Name: WEBSTER, CYNTHIA M
Address: 830 BELHAVEN DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: WEBSTER, SCOTT J
Address: 830 BELHAVEN DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: FOSTER, LESLIE
Address: 3724 LASSON CT
City-St-Zip: ORLANDO, FL 32835

Title: S/D () Delete
Name: WESLEY, PATRICIA
Address: 12534 PERCY LANE
City-St-Zip: JACKSONVILLE, FL 32215

Title: D () Delete
Name: SPENCER, NORMAN
Address: 929 N. HAMILTON DRIVE
City-St-Zip: HOMESTEAD, FL 33034

Title: VD () Delete
Name: WESLEY, EDDIE III
Address: 12534 PERCY LANE
City-St-Zip: JACKSONVILLE, FL 32215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BIRKETT, LORI
Address: 656 W. ARTESIA STREET
City-St-Zip: OVIEDO, FL 32765

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

Title: D (X) Change () Addition
Name: WHITE, DUANE L
Address: 4008 SEVEN HILLS TRAIL
City-St-Zip: STONE MOUNTAIN, GA 30083

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA M. WEBSTER

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date