

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004183

FILED
Jan 04, 2006
Secretary of State

Entity Name: COVENANT KID'S MANOR INC.

Current Principal Place of Business:

830 BELHAVEN DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

WEBSTER, CYNTHIA M
2587 FLOWERING DOGWOOD 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: 2587 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: WEBSTER, SCOTT J
Address: 2587 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BIRKETT, LORI
Address: 830 BELHAVEN DRIVE
City-St-Zip: ORLANDO, FL 32828

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

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

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: () 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 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: CYNTHIA M. WEBSTER

PRES

01/04/2006

Electronic Signature of Signing Officer or Director

Date