

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY -7 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004183

1. Entity Name  
COVENANT KID'S MANOR INC.



Principal Place of Business  
830 BELHAVEN DRIVE  
ORLANDO, FL 32828

Mailing Address  
830 BELHAVEN DRIVE  
ORLANDO, FL 32828



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3664515

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, CYNTHIA M  
2587 FLOWERING DOGWOOD DRIVE  
ORLANDO, FL 32828

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$81.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WEBSTER, CYNTHIA M  
STREET ADDRESS 2587 FLOWERING DOGWOOD DRIVE  
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete

TITLE D  
NAME JONATHAN MUNNINGS  
STREET ADDRESS 14227 PALADISE TREE DR  
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Change ☒ Addition

TITLE VD  
NAME WEBSTER, SCOTT J  
STREET ADDRESS 2587 FLOWERING DOGWOOD DRIVE  
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400103133404  
05/24/07--01013--026 \$\*70.00 ☐ Change ☐ Addition

TITLE D  
NAME ACKER, BEVERLY MD  
STREET ADDRESS 3400 QUADRANGLE BLVD  
CITY-ST-ZIP ORLANDO, FL 32817 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S/D  
NAME SIERRA, CARMEN ATTY  
STREET ADDRESS 1906 MEETING PLACE  
CITY-ST-ZIP ORLANDO, FL 32814 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WHITE, DUANE L  
STREET ADDRESS 4008 SEVEN HILLS TRAIL  
CITY-ST-ZIP STONE MOUNTAIN, GA 30083 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME DANIELS, KIMBERLY ATTY  
STREET ADDRESS 332 N. MAGNOLIA AVE  
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CYNTHIA WEBSTER PRESIDENT

(407) 540-5403