

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004183

FILED
Feb 08, 2008
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:

2587 FLOWERING DOGWOOD DRIVE
ORLANDO, FL 32828

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
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: ACKER, BEVERLY MD
Address: 3400 QUADRANGLE BLVD
City-St-Zip: ORLANDO, FL 32817

Title: S/D () Delete
Name: SIERRA, CARMEN ATTY
Address: 1906 MEETING PLACE
City-St-Zip: ORLANDO, FL 32814

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

Title: VD () Delete
Name: DANIELS, KIMBERLY ATTY
Address: 332 N. MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801

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: VD (X) Change () Addition
Name: WALTHERS, STUART DEPUTY
Address: 2405 RIGHTWAY
City-St-Zip: SANFORD, FL 32771

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: CYNTHIA M WEBSTER

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date