

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 19, 2009
Secretary of State

DOCUMENT# N00000004183

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:**2587 FLOWERING DOGWOOD 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
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: VD () Delete
Name: WEBSTER, CYNTHIA M
Address: 2587 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

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

Title: D () Delete
Name: ACKER, BEVERLY MD
Address: 112 FORSYTH TRAIL
City-St-Zip: CANTON, GA 30114

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

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

Title: VD () Delete
Name: WALTHERS, STUART DEPUTY
Address: 2405 RIGHTWAY
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEBSTER, CYNTHIA M
Address: 2587 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VP (X) Change () Addition
Name: WEBSTER, SCOTT J
Address: 2587 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

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

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

Title: T/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 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 MARIA WEBSTER

PRES

05/19/2009

Electronic Signature of Signing Officer or Director

Date