

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005672

FILED
May 02, 2006
Secretary of State

Entity Name: COVENANT LIFE FAMILY CENTER INC.

Current Principal Place of Business:

672 N.W. 90TH TERRACE
BLDG. #24
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

273 S. STATE ROAD 7
#232
MARGATE, FL 33068

New Mailing Address:

FEI Number: 65-1033315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GORDON, JOHN M
672 N.W. 90TH TERRACE
BLDG. #24
PLANTATION, FL 33324 US

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: GORDON, JOHN M
Address: 672 N.W. 90TH TERRACE, BLDG. 24
City-St-Zip: PLANTATION, FL 33324

Title: SD () Delete
Name: GORDON, LINDA P
Address: 672 N.W. 90TH TERRACE, BLDG. 24
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: GORDON, ANDREW A
Address: 2800 N.W. 56TH AVENUE, #B-201
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: ROBINSON, PATRICIA
Address: 2800 N.W. 56TH AVENUE, #B-201
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: FLETCHER, ROBERT
Address: 11315 SW 154 TERR
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: PATTERSON, DERRICK
Address: 4500 NW 36 STREET #109
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: JOHN GORDON

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date