

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001664

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** COVENANT CARE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

6023 SHELDON RD  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

11814 SWEETPEA CT  
TAMPA, FL 33635

**New Mailing Address:**

**FEI Number:** 59-3711834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLUDD, CHARLOTTE  
11814 SWEETPEA CT  
TAMPA, FL 33635 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: D ( ) Delete  
Name: FLUDD-ISRAEL, CHARLOTTE  
Address: 11814 SWEETPEA CT  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: HARRIS, JOHNNY  
Address: 2646 OMISOL RD  
City-St-Zip: WOODBRIDGE, VA 22192

Title: D ( ) Delete  
Name: MATTHEWS, DORIAN  
Address: 6207 N38TH ST  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: BROWN, KEVIN  
Address: 199 STOKES AVE  
City-St-Zip: FREEPORT, NY 11520

**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:

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: CHARLOTTE FLUDD-ISRAEL

DIR

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date