


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002403 1. Entity Name COVENANT CHARITIES, INC.	
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Principal Place of Business 2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805	Mailing Address 2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805
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03102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0573996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACY, LAVON W
2210 SOUTH RIO GRANDE AVENUE
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRACY, LAVON W
STREET ADDRESS	2210 SOUTH RIO GRANDE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32805

TITLE	D
NAME	MULLINGS, BARBARA
STREET ADDRESS	12148 SHADY SPRING WAY
CITY-ST-ZIP	ORLANDO, FL 32828

TITLE	D
NAME	FORTE, ROBERT
STREET ADDRESS	8112 BELSHIRE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835

TITLE	D
NAME	HOZE, AUGUSTINE
STREET ADDRESS	2777 ELMHURST CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	D
NAME	TERRY, SHELIA
STREET ADDRESS	1598 ROCHELLE LANE
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	D
NAME	ROLLE, WILLIAM
STREET ADDRESS	12034 FAMBRIDGE RD
CITY-ST-ZIP	ORLANDO, FL 32837

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03/14/05-80003-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *LaVon W. Bracy* *LaVon W. Bracy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05