2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002403

1. Entity Name
COVENANT CHARITIES, INC.

Principal Place of Business	Mailing Address
2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805	2210 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0573996
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $61.25
Due by May 1, 2006

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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04/25/06-80046-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/6/06 (407)425-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #