

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000002403

1. Entity Name
COVENANT CHARITIES, INC.



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

Mailing Address
2210 SOUTH RIO GRANDE AVENUE
ORLANDO, FL 32805



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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 reappointing)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000338088

05/27/08-80077-007 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #