

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002403

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: COVENANT CHARITIES, INC.

**Current Principal Place of Business:**

2210 SOUTH RIO GRANDE AVENUE  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

2210 SOUTH RIO GRANDE AVENUE  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 01-0573996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRACY, LAVON W  
2210 SOUTH RIO GRANDE AVENUE  
ORLANDO, FL 32805 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: BRACY, LAVON W  
Address: 2210 SOUTH RIO GRANDE AVENUE  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: MULLINGS, BARBARA  
Address: 12148 SHADY SPRING WAY  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: HOZE, AUGUSTINE  
Address: 2777 ELMHURST CIRCLE  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: TERRY, SHELIA  
Address: 1598 ROCHELLE LANE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: ROLLE, WILLIAM  
Address: 12034 FAMBRIDGE RD  
City-St-Zip: ORLANDO, FL 32837

**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:

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: LAVON W. BRACY

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date