

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011755

FILED
May 29, 2005
Secretary of State

Entity Name: COVENANT LIFE FELLOWSHIP OF CUTLER RIDGE, INC.

Current Principal Place of Business:

18801 BELVIEW DRIVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18801 BELVIEW DRIVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 54-2165165 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPENCER, NORMAN S. REV.
18801 BELVIEW DRIVE
MIAMI, FL 33157 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: DPP () Delete
Name: SPENCER, NORMAN S. REV.
Address: 18801 BELVIEW DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: SPENCER, MARGARITA
Address: 18801 BELVIEW DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DT () Delete
Name: NOWAK, CHRISTOPHER S.
Address: 18801 BELVIEW DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: REISMAN, IRIS J. REV.
Address: 9865 SW 34 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: MCANULTY, KEVIN REV.
Address: 472 RED ROBIN LANE
City-St-Zip: POPLAR BLUFF, MO 63901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: NOWAK, CHRISTOPHER S.
Address: 18810 BELMONT DRIVE
City-St-Zip: MIAMI, FL 33157

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 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 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: NORMAN S. SPENCER

DPP

05/29/2005

Electronic Signature of Signing Officer or Director

Date