

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004456

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: YOUTH'S COVENANT, INC.

## Current Principal Place of Business:

914 LAKE DOE BLVD  
APOPKA, FL 32703

## New Principal Place of Business:

## Current Mailing Address:

914 LAKE DOE BLVD  
APOPKA, FL 32703

## New Mailing Address:

FEI Number: 42-1673455      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:

MILLER, ROSALIND  
914 LAKE DOE BLVD  
APOPKA, FL 32703      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: PD      ( ) Delete  
Name: MILLER, ROSALIND  
Address: 914 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: MILLER, SCOTTIE  
Address: 914 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: FREEMAN, MAE  
Address: 14 E 15TH ST  
City-St-Zip: APOPKA, FL 32703

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSALIND MILLER

PD

09/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date