## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State 05-05-2008 90260 030 \*\*\*\*61.25

DOCUMENT # N05000010294  1. Entity Name COVENANT COMMUNITY SCHOOL, INC.						4000	<i>1</i> 110 0			
2019 SW MAIN BLVD.			Address SW MAIN BLVD. CITY, FL 32025	1			, • •			
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suit	e, Apt. #, etc.			03302008 Ch	g-NP CR2E037	(12/06)		
City & Stat	e	City	& State			4. FEI Number 20-4173225	4. FEI Number Applied For 20-4173225 Not Applicable			
Zip	Country		Zip Co		ntry			\$8.75 Additional Fee Required		
6. Name and Address of Current Regi						7. Name and Address of New Registered Agent				
HINES, JAMES P. 315 S. HYDE PARK AVE. HINES NORMAN HINES, P.L. TAMPA, FL 33606					Street Active	ANK SOU SO PO BOX NUMBER IS N	ot Acceptable) FATTY  FL	Zio Code	-	
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. Lam familiar with, and accept the obligations of ted is entertainent.  SIGNATURE  Signature. Now stricted name of registered agent and title if applicable. (NOTE: Registered Agent signature reguled when reinstating)  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	Make check p Florida Departn	-		
10.	OFFICERS AND I	DIRECTORS	• •	11.	· · · · ·	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUCINEK, CINDY 2019 SW MAIN BLVD. LAKE CITY, FL 32025		☐ Delete				[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZECHER, MELISSA W 2019 SW MAIN BLVD. LAKE CITY, FL 32025		Delete		T ADDRESS ST-2IP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMRHEIM, JOANNA P		Delete				[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	******	ア	RANK SOUCE BON WAN LAKE CITY		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			HARLES KA NARLES KA NS KALE C AKE CETT	14B	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	L AA	3	☐ Delete	CITY-	ET ADDRESS ST-ZIP			Change	☐ Addition	
12. I hereby indicated of the co-	certify that the information supplies of on this report or supplemental apper reporation or the receiver of talling em, or on an attachment with a facilities em.	ofth this filing of this true and a powered to o s, with all other	does not qualify for accurate and that re- execute this report or the empowered	or the exemple as require	mptions contai ure shall have ed by Chapter	ined in Chapter 119, Flori the same legal effect as if 617, Florida Statutes; and	da Statutes. I further certify made under oath; that I am d that my name appears in I	that the inf an officer Block 10 or	ormation or director Block 11 if	