2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000011764

Entity Name: COVENANT LIFE CENTER, INC.

Current Principal Place of Business:

1308 PLEASANT OAK LANE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1308 PLEASANT OAK LANE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 37-1538884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKOWITZ, LEE D
1308 PLEASANT OAK LANE
ORLANDO, FL 32804 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: P/D ( ) Delete
Name: MARKOWITZ, LINDA S
Address: 1308 PLEASANT OAK LANE
City-St-Zip: ORLANDO, FL 32804

Title: STD ( ) Delete
Name: MARKOWITZ, LEE D
Address: 1308 PLEASANT OAK LANE
City-St-Zip: ORLANDO, FL 32804

Title: VP/D ( ) Delete
Name: WISECUP, DEBRA
Address: 807 LEANORE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: CRUZ, VIRGINIA
Address: 763 HILLVIEW AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: LEE D. MARKOWITZ STD 04/21/2009

Electronic Signature of Signing Officer or Director — Date