2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004184

Entity Name: CAMP COVENANT, INC.

Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2210 S. RIO GRANDE AVE ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 2210 S. RIO GRANDE AVE ORLANDO, FL 32805 FEI Number: 51-0635950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRACY, LAVON W BRACY, LAVON W 2210 S. RIO GRANDE AVE 2210 S. RIO GRANDE AVE PRLANDO, FL 32805 ORLANDO, FL 32805 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: 04/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRACY, LAVON Name: Name: 5315 WOODSTEAD WAY Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CANADA, JOSEPH Name: Address: 12966 BROAKFIELD CIR Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition DAILEY, SANDRA Name: Name: 1926 TORREY DR Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILSON, SHIRLEY Name: 6820 NAWADAHA BLVD Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition FORTSON, BERNICE Name: Name: 7215 RAVENNA AVE Address: Address: City-St-Zip: ORLANDO, FL 32815 City-St-Zip: Title: () Delete Title: () Change () Addition GRAHAM, ADRAIN Name: Name: Address: 4603 WELLESLY DR Address: ORLANDO, FL 32818 City-St-Zip: 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 P 04/07/2009