

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 19, 2010
Secretary of State**

DOCUMENT# N07000005772

Entity Name: ARK OF THE COVENANT DESTINY CENTER, INC.

Current Principal Place of Business:

127 CASA MARINA PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

127 CASA MARINA PLACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 75-3239053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, BRYSON
127 CASA MARINA PLACE
SANFORD, FL 32771 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: CHRM
Name: ALEXANDER, BRYSON
Address: 127 CASA MARINA PLACE
City-St-Zip: SANFORD, FL 32771

Title: VCHR
Name: DRAYTON, VINCE
Address: 2692 ALA MOSA DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: S
Name: ROSARIO, ALEXA
Address: 7208 WYNDAM CREST PLACE
City-St-Zip: SANFORD, FL 32771

Title: T
Name: MARTIN, CHRISTOPHER
Address: 13139 SOCIAL LANE
City-St-Zip: WINTER GARDER, FL 34787

Title: D
Name: ALEXANDER, MICHELLE
Address: 127 CASA MARINA PLACE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: MILLER, REGENIA
Address: 917 WAYBOURNE WAY
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: BRYSON ALEXANDER

CHRM

07/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date