

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010296

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** COVENANT 2 CARE COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

1112 N  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1765 EAST NINE MILE ROAD  
SUITE 1 #295  
PENSACOLA, FL 32514

**New Mailing Address:**

168 MILLET CIRCLE  
CANTONMENT, FL 32533

FEI Number: 26-3693552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKLIN, ANTHONY A SR  
1765 EAST NINE MILE ROAD  
SUITE 1 #295  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

FRANKLIN, ANTHONY A SR  
168 MILLET CIRCLE  
CANTONMENT, FL 32533 US

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:

05/01/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ELMORE, LOCKE III  
Address: 1112 N  
City-St-Zip: PENSACOLA, FL 32501 US

Title: S  
Name: FRANKLIN, VELMA J  
Address: 168 MILLET CIRCLE  
City-St-Zip: CANTONMENT, FL 32533 US

Title: T  
Name: WALKER, TYLER A  
Address: 3709 KELLY AVE  
City-St-Zip: PENSACOLA, FL 32505 US

Title: P  
Name: FRANKLIN, ANTHONY A SR  
Address: 168 MILLET CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

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: ANTHONY A FRANKLIN

P

05/01/2012

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

\_\_\_\_\_  
Date