

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010980

FILED
May 02, 2010
Secretary of State

Entity Name: COVENANT CARE COMMUNITIES, INC.

Current Principal Place of Business:

217 S. LAKESHORE LANE
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

217 S. LAKESHORE LANE
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRUBBS, STERLING
3923 BALDWIN LANE
WINTER HAVEN, FL 33884 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: COLLIER, TERRY DR
Address: 5230 DENVER STREET NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D
Name: GRUBBS, J. PERRY DR
Address: 204 S. GATLIN
City-St-Zip: OKOLONA, MS 38860

Title: D
Name: ADAMS, LARRY
Address: 2913 VINCENT RD
City-St-Zip: SILVER LAKE, OH 44224

Title: D
Name: GRUBBS, STERLING
Address: 3923 BALDWIN LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: MAULDIN, TACCARA
Address: 209 E SESSONS AVENUE
City-St-Zip: LAKE WALES, FL 33853

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: STERLING GRUBBS

D

05/02/2010

Electronic Signature of Signing Officer or Director

Date