


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000972	
1. Entity Name COVENANT CATHEDRAL AND CARE CENTER, INC.	

Principal Place of Business CHAMBERLAIN HIGH SCHOOL 9401 N. BOULEVARD TAMPA, FL 33682-2891 US	Mailing Address P.O BOX 82891 TAMPA, FL 33682-2891 US
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DO NOT WRITE IN THIS SPACE



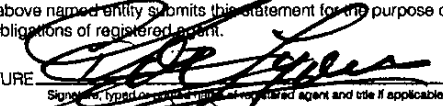
01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3200199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, BOB 1719 GREEN MEADOW DR. LUTZ, FL 33549

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  JAN 13, 2007
(NOTE: Registered Agent signature required when reinstating)

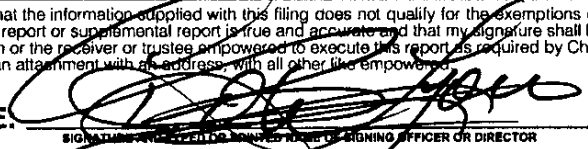
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, TRAVIS 36 OLD OAK LANE GULFPORT, MS 39503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYONS, BOB E 1719 GREEN MEADOW DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, DAN 5 BIRCH COVE GULFPORT, MS 39503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000596354
01/23/07-80076-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  JAN 13, 2007 / (813) 949-6135
SIGNATURE AND TITLE OF BOARD MEMBER OR SIGNING OFFICER OR DIRECTOR