

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 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**



01262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3200199

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYONS, BOB
1719 GREEN MEADOW DR.
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

U000000841797
03/11/08-80001-023 70.00

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IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-08

(813) 949-6139