2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N92000000972

Entity Name: COVENANT CATHEDRAL AND CARE CENTER, INC.

Current Principal Place of Business:

CHAMBERLAIN HIGH SCHOOL
9401 N. BOULEVARD
TAMPA, FL 336822891 US

New Principal Place of Business:

1719 GREEN MEADOW DRIVE
LUTZ, FL 33549 US

Current Mailing Address:

P.O BOX 82891
TAMPA, FL 336822891 US

New Mailing Address:

FEI Number: 59-3200199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LYONS, BOB E PASTOR
1719 GREEN MEADOW DR.
LUTZ, FL 33549 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: BOB E. LYONS, PASTOR 02/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RICHARDSON, TRAVIS
Address: 36 OLD OAK LANE
City-St-Zip: GULFPORT, MS 39503

Title: STD ( ) Delete
Name: LYONS, BOB E
Address: 1719 GREEN MEADOW DR
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: RICHARDSON, DAN
Address: 5 BIRCH COVE
City-St-Zip: GULFPORT, MS 39503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RICHARDSON, DAN
Address: 11088 CHANNELSIDE DRIVE
City-St-Zip: GULFPORT, MS 39503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOB E. LYONS, PASTOR RA 02/27/2009
Electronic Signature of Signing Officer or Director Date