2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: COVENANT CATHEDRAL AND CARE CENTER, INC.

Current Principal Place of Business:

1719 GREEN MEADOW DRIVE
LUTZ, FL 33549 US

New Principal Place of Business:

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 E PASTOR
1719 GREEN MEADOW DR.
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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: RICHARDSON, TRAVIS
Address: 36 OLD OAK LANE
City-St-Zip: GULFPORT, MS 39503

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

Title: VD
Name: RICHARDSON, DAN
Address: 11088 CHANNELSIDE DRIVE
City-St-Zip: GULFPORT, MS 39503

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: BOB E. LYONS STD 03/04/2011

Electronic Signature of Signing Officer or Director — Date