

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003132

FILED  
Jul 25, 2008  
Secretary of State

**Entity Name:** COVENANT LIFE FAMILY CENTER INC.

**Current Principal Place of Business:**

8720 NW 44TH ST  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

8720 NW 44TH ST  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 65-0209493 **FEI Number Applied For ( )** **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:**

ARMSTRONG, MARLENE A ESQ.  
4430 INVERRARY BLVD.  
LAUDERHILL, FL 33319 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: PD ( ) Delete  
Name: GORDON, JOHN  
Address: 154 NW 106 AVE  
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Delete  
Name: GORDON, LINDA  
Address: 154 NW 106 AVE  
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Delete  
Name: GORDON, ANDREW  
Address: 2800 N.W. 56 AVENUE, #B-201  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: D ( ) Delete  
Name: GORDON, PHILIP  
Address: 12385 NW 48TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: ROBINSON, PATRICIA  
Address: 2800 N.W. 56TH AVENUE, #B-201  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: PATTERSON, DERRICK  
Address: 4500 NW 36 STREET, #109  
City-St-Zip: LAUDERDALE LAKES, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: JOHN GORDON

PD

07/25/2008

Electronic Signature of Signing Officer or Director

Date