


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006476 1. Entity Name THE COVENANT COMMUNITY DEVELOPMENT CORPORATION OF ORLANDO, INC.		
Principal Place of Business 2210 S RIO GRANDE AVE ORLANDO, FL 32805	Mailing Address 2210 S RIO GRANDE AVE ORLANDO, FL 32805	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRACY, LAVON 2210 S RIO GRANDE AVE ORLANDO, FL 32805		
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
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	000000584193 01/12/07-80027-003 61.25
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	BRACY, RANDOLPH JR	
STREET ADDRESS	2210 S RIO GRANDE AVE	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	
NAME	BRACY, LAVON	
STREET ADDRESS	2210 S RIO GRANDE AVE	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	DYT	
NAME	HUDGINS, CORNELIUS	
STREET ADDRESS	10902 BOCA POINTE DR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	V	
NAME	BURNETT, LEONARD	
STREET ADDRESS	14341 LORD BARCLAY DR	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DS	
NAME	MCLEAN SMITH, BARBARA	
STREET ADDRESS	6611 WINDSOR OAKS BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Cornelius Hudgins</i> / Cornelius Hudgins 1/10/07 407-616-4607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3610991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**