

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095616

FILED
Jan 04, 2008
Secretary of State

Entity Name: COVENANT HOMES OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

4 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

4 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3751098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUDI, LISA PRES
3901 WINTERHAWK DRIVE
SAINT AUGUSTINE, FL 32086 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRUDI, LISA
Address: 3901 WINTERHAWK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete
Name: FORTSON, MARK
Address: 26664 LITTLE JOHN CT, #92
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: DRUDI, BONNIE M
Address: 148 NESMITH AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: DRUDI, RICHARD III
Address: 148 NESMITH AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA DRUDI

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date