

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122873

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: COVENANT COMMUNITIES INC.

## Current Principal Place of Business:

10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654

## New Principal Place of Business:

## Current Mailing Address:

10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654

## New Mailing Address:

FEI Number: 51-0605339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DAVID  
10339 KEY LANTERN DR  
NEW PORT RICHEY, FL 34654 US

## Name and Address of New Registered Agent:

WILLIAMS, SCOTT  
9241 SUNSHINE BLVD  
NEW PORT RICHEY, FL 34654 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: SCOTT WILLIAMS

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, DAVID  
Address: 10339 KEY LANTERN DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V ( ) Delete  
Name: WILLIAMS, SCOTT  
Address: 9241 SUNSHINE BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete  
Name: WILLIAMS, DAWN  
Address: 10339 KEY LANTERN DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, SCOTT  
Address: 9241 SUNSHINE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V (X) Change ( ) Addition  
Name: WILLIAMS, DEAN  
Address: 4015 VISTA VERDE DR APT 4  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, SARAH  
Address: 9241 SUNSHINE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: SCOTT WILLIAMS

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date