SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P92000006967 (3)

1. Corporation Name
COVENANT COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
1801 S. FEDERAL HWY. SUITE 310 DELRAY BCH. FL 33483 US	4209 VAN BUREN STREET HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26 1801 S. Federal Hwy.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 310
City & State 23	City & State 28 Delray Beach FL
Zip 24 / Country 25	Zip 29 33428 / Country 30 US

4. FEI Number: 65-0423593 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BILLINGSLEY, AMY 4209 VAN BUREN STREET HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Amy Billingsley — 7/17/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PVST	11 TITLE	☒ Change ☐ Addition
NAME	BILLINGSLEY, AMY	12 NAME	
STREET ADDRESS	4209 VAB BUREN STREET	13 STREET ADDRESS	1801 S. Federal Hwy. Suite 310
CITY-ST-ZIP	HOLLYWOOD FL 33021	14 CITY-ST-ZIP	Delray Beach FL 33428
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	BILLINGSLEY, AMY	22 NAME	
STREET ADDRESS	4209 VAB BUREN STREET	23 STREET ADDRESS	1801 S. Federal Hwy Suite 310
CITY-ST-ZIP	HOLLYWOOD FL 33021	24 CITY-ST-ZIP	Delray Beach FL 33428
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy Billingsley President — 7/17/95 — 407 279 9477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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