

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002403

Entity Name: COVENANT CHARITIES, INC.**Current Principal Place of Business:**2210 SOUTH RIO GRANDE AVENUE
ORLANDO, FL 32805**Current Mailing Address:**2210 SOUTH RIO GRANDE AVENUE
ORLANDO, FL 32805**FEI Number:** 01-0573996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIS, JOHN D. JR.
204 ANNIE STREET
ORLANDO, FL 32801 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:** JOHN D. ELLIS, JR

01/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	MULLINGS, BARBARA
Address	2620 LAKEMORE DRIVE
City-State-Zip:	ORLANDO FL 32828

Title	T
Name	MAYS, TEASA
Address	1538 BROKEN OAK DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	D
Name	SPENCER, WINSTON
Address	7511 HIGH LAKE DR.
City-State-Zip:	ORLANDO FL 32818

Title	S
Name	TERRY, SHELIA
Address	1598 ROCHELLE LANE
City-State-Zip:	OVIEDO FL 32765

Title	P
Name	BROWN III, JAMES
Address	1717 SNARESBROOK WAY
City-State-Zip:	ORLANDO FL 32837

Title	OTHER, CONSULTANT
Name	ROLLE, SHIRLEY L
Address	611 INTERLUDE DR.
City-State-Zip:	ORLANDO FL 32824

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY ROLLE

CONSULTANT

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date