

2015 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.
2210 SOUTH RIO GRANDE AVENUE
ORLANDO, FL 32805 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. PA

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MULLINGS, BARBARA
Address 12148 SHADY SPRING WAY
City-State-Zip: ORLANDO FL 32828

Title PRESIDENT
Name ROLLE, WILLIAM J
Address 12034 FAMBRIDGE RD
City-State-Zip: ORLANDO FL 32837

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

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

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

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

Title DIRECTOR
Name LIAS, GRACE
Address 1140 OAKPOINT CIRCLE
City-State-Zip: APOPKA FL 32712

Title OTHER, ADMINISTRATOR
Name ROLLE, SHIRLEY
Address 12034 FAMBRIDGE RD
City-State-Zip: ORLANDO FL 32837

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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 ROLLEADMINISTRATOR/DIRECTOR 01/13/2015
OR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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