SIGNATURE	BOB E. LYONS			01/17/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	STD	
Name	SAFLEY, BRENDA LOU DR.	Name	LYONS, BOB E	
Address	P.O BOX 82891	Address	1719 GREEN MEADOW DR	
City-State-Zip:	TAMPA FL 33682-2891	City-State-Zip:	LUTZ FL 33549	
Title	VD	Title	VD	
Name	RANDAZZO, BARBARA VD	Name	LYONS, ROBERT DANIEL DR.	
Address	P.O. BOX 7924	Address	P.O BOX 82891	
City-State-Zip:	TAMPA FL 33673	City-State-Zip:	TAMPA FL 33682-2891	

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.

PASTOR

SIGNATURE: BOB E. LYONS

Electronic Signature of Signing Officer/Director Detail

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.

FEI Number: 59-3200199

Name and Address of Current Registered Agent:

LYONS, BOB E PASTOR 1719 GREEN MEADOW DR. LUTZ, FL 33549 US

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000972

Entity Name: COVENANT CATHEDRAL AND CARE CENTER, INC.

Current Principal Place of Business:

1719 GREEN MEADOW DRIVE LUTZ. FL 33549

Current Mailing Address:

1719 GREEN MEADOW DRIVE LUTZ. FL 33549 US

Certificate of Status Desired: Yes

FILED Jan 17, 2023 Secretary of State 6051307813CC

> 01/17/2023 Date