## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007913

Entity Name: COVE BEHAVIORAL HEALTH FOUNDATION, INC

**FILED** Feb 02, 2024 **Secretary of State** 6649166992CC

## **Current Principal Place of Business:**

4422 E. COLUMBUS DRIVE TAMPA, FL 33605

## **Current Mailing Address:**

4422 E. COLUMBUS DRIVE TAMPA, FL 33605 US

FEI Number: 45-3036832 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

OBREGON, DEANNA 4422 EAST COLUMBUS DRIVE TAMPA, FL 33605 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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CEO Title **SECRETARY** DEANNA, OBREGON Name WILLIAMS, ROB Name

Address 4422 E. COLUMBUS DRIVE Address 4422 E. COLUMBUS DRIVE

City-State-Zip: TAMPA FL 33605 City-State-Zip: TAMPA FL 33605

Title **TREASURER** Title **PRESIDENT** Name HORTON, EARL

Address 4422 EAST COLUMBUS DRIVE Address 4422 EAST COLUMBUS DRIVE

TAMPA FL 33605 City-State-Zip: City-State-Zip: TAMPA FL 33605

Title **DIRECTOR** 

MUNCH, CATHERINE Name 4422 E COLUMBUS DR Address City-State-Zip: TAMPA FL 33605

MCGUKEN, GINNY

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: DEANNA OBREGON

CEO

02/02/2024