

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703039

FILED
Jan 25, 2009
Secretary of State

Entity Name: COVE CLUB INC

Current Principal Place of Business:

C/O TUCKER MOSELEY, POB 4814
2124 EDISON AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

C/O TUCKER MOSELEY
2124 EDISON AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

C/O TUCKER MOSELEY, POB 4814
2124 EDISON AVE.
JACKSONVILLE, FL 32204

New Mailing Address:

C/O TUCKER MOSELEY
2124 EDISON AVE.
JACKSONVILLE, FL 32204

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSELEY, TUCKER
4721 BLOUNT AVENUE
2124 EDISON AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MOSELEY, TUCKER,
Address: 4721 BLOUNT AVE.
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: HATCH, LEON D,
Address: GENERAL DELIVERY BOX 238
City-St-Zip: BRANFORD, FL

Title: SD () Delete
Name: DAVID V. CAMPBELL,
Address: GEN. DEL BOX 295
City-St-Zip: BRONFORD, FL

Title: P () Delete
Name: HATCH, CHARLES E.,
Address: GENERAL DEL. BOX 184
City-St-Zip: BRANFORD, FL

Title: D () Delete
Name: HATCH, LEON D.,
Address: C/O 2124 EDISON AVE.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TUCKER MOSELEY

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date