

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90188 019 ****61.25

DOCUMENT # 725343

1. Entity Name

MYSTIC SPRINGS COVE, INC.



Principal Place of Business

591 MYSTIC SPRINGS RD.
MCDAVID FL 32568

Mailing Address

591 MYSTIC SPRINGS RD.
MCDAVID FL 32568

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7228955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIES, HENB
31 HOLLY AVE
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GEGERY, JIM	
STREET ADDRESS	808 GRAHAM RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	SPIES, HERB	
STREET ADDRESS	31 HOLLY AVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JIM	
STREET ADDRESS	5855 SAMPLEY PINES 10	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, KIM	
STREET ADDRESS	5656 PONTE VERO E RD.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRINGTON, JOHN	
STREET ADDRESS	9650 BOWMAN AVE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, VELMA	
STREET ADDRESS	5270 WINDHAM RD.	
CITY-ST-ZIP	MILTON FL 32570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERB SPIES	
STREET ADDRESS	31 HOLLY AVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT GREGORY	
STREET ADDRESS	808 GRAHAM RD.	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN KIRKPATRICK	
STREET ADDRESS	6445 WILMER AVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY SAGGUS	
STREET ADDRESS	PO BOX 422	
CITY-ST-ZIP	JAY FL, 32565	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE ROSENTHAL	
STREET ADDRESS	807 NAGEL DR.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY FOSTER	
STREET ADDRESS	5270 WINDHAM RD	
CITY-ST-ZIP	MILTON, FL 32570	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

J. Ferrell Treas

April 25, 2006

ATTACHMENT

725343

MYSTIC SPRINGS COVE

THOMAS FERRETTI

TREASURER 2006

5089 HIGH POINTE DR

PENSACOLA FL

32505

850-475-5089