

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725343

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: MYSTIC SPRINGS COVE, INC.

## Current Principal Place of Business:

591 MYSTIC SPRINGS RD.  
MCDAVID, FL 32568

## New Principal Place of Business:

## Current Mailing Address:

591 MYSTIC SPRINGS RD.  
MCDAVID, FL 32568

## New Mailing Address:

FEI Number: 23-7228955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILSON, JIMMY G PRES.  
167 HWY 200  
MONTEVALLO, AL, FL 35115 US

## Name and Address of New Registered Agent:

RANDALL, LESLIE A 2VP  
4257 N. ISLAND RD  
PACE, FL 32571 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: LESLIE A. RANDALL

03/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: WILSON, JIMMY G 1ST VP  
Address: 167 HWY 200  
City-St-Zip: MONTEVALLO, AL 35115

Title: 1VP ( ) Delete  
Name: WILSON, CALORYN  
Address: 167 HWY 200  
City-St-Zip: MONTEVALLO, AL 35115

Title: TRUS ( ) Delete  
Name: KILPATRICK, DAN  
Address: 6448 WILMER AVE  
City-St-Zip: MILTON, FL 32570

Title: PPRE ( ) Delete  
Name: SPIES, SYDRA PRES.  
Address: 31 HOLLY AVE.  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: ROSENTHAL, GENE  
Address: 807 NAGEL DR  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: FOSTER, HENRY  
Address: 5270 WINDHAM RD  
City-St-Zip: MILTON, FL 32570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: 1VP (X) Change ( ) Addition  
Name: WILSON, CAROLYN  
Address: 167 HWY 200  
City-St-Zip: MONTEVALLO, AL 35115

Title: 2VP (X) Change ( ) Addition  
Name: RANDALL, LESLIE  
Address: 4257 N. ISLAND RD.  
City-St-Zip: PACE, FL 32571

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

Title: T (X) Change ( ) Addition  
Name: KRIKPATRICK, DAN  
Address: 6448 WILMER AVE  
City-St-Zip: MILTON, FL 32570

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: LESLIE A. RANDALL

2VP

03/09/2009

Electronic Signature of Signing Officer or Director

Date