

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734506

FILED
Apr 05, 2008
Secretary of State

Entity Name: COVE HAVEN MINISTRIES INC.

Current Principal Place of Business:

252 COVE HAVEN DRIVE
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

252 COVE HAVEN DRIVE
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 59-1634426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, CHARLES W. (RE
252 COVE HAVEN DRIVE
MONTICELLO, FL 32344 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: DT () Delete
Name: WIDMANN, RICHARD J
Address: 252 COVE HAVEN DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: PD () Delete
Name: LUTZ, CHARLES W
Address: 252 COVE HAVEN DR.
City-St-Zip: MONTICELLO, FL

Title: D () Delete
Name: KIM, LOWENTHAL
Address: 252 COVE HAVEN DR.
City-St-Zip: MONTICELLO, FL

Title: DS () Delete
Name: MAURAN, TRACY
Address: 252 COVE HAVEN DR.
City-St-Zip: MONTICELLO, FL

Title: D () Delete
Name: MAURAN, STEVEN
Address: 252 COVE HAVEN DR.
City-St-Zip: MONTICELLO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WIDMANN, RICHARD J
Address: 252 COVE HAVEN DRIVE
City-St-Zip: MONTICELLO, FL 32344

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

Title: D (X) Change () Addition
Name: KIM, PATE
Address: 252 COVE HAVEN DR.
City-St-Zip: MONTICELLO, FL

Title: SD (X) Change () Addition
Name: MAURAN, TRACY
Address: 252 COVE HAVEN DR.
City-St-Zip: MONTICELLO, FL

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: CHARLES W. LUTZ

PD

04/05/2008

Electronic Signature of Signing Officer or Director

Date