

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734506

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** COVE HAVEN MINISTRIES INC.

**Current Principal Place of Business:**

252 COVE HAVEN DRI=  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

252 COVE HAVEN DR  
MONTICELLO, FL 32344 US

**New Mailing Address:**

252 COVE HAVEN DRI=  
MONTICELLO, FL 32344 US

**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: TD  
Name: WIDMANN, RICHARD J  
Address: 252 COVE HAVEN DRIVE  
City-St-Zip: MONTICELLO, FL 32344

Title: PD  
Name: LUTZ, CHARLES W  
Address: 252 COVE HAVEN DR.  
City-St-Zip: MONTICELLO, FL 32344

Title: DS  
Name: LUTZ, JUDY A  
Address: 252 COVE HAVEN DR.  
City-St-Zip: MONTICELLO, FL 32344

Title: D  
Name: MAURAN, TRACY A  
Address: 252 COVE HAVEN DR.,  
City-St-Zip: MONTICELLO, FL 32344

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:** CHARLES W. LUTZ

RA-D

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date