

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005806	
1. Entity Name COVILLE FAMILY SUPPORTING FOUNDATION, INC.	

Principal Place of Business 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232	Mailing Address 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1043671	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TEVLOWITZ, HOWARD 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE
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.	

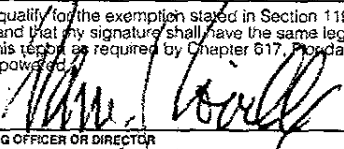
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000116728 04/16/04-80077-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COVILLE, WARREN 216 BIRD KEY DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVILLE, MARGOT 216 BIRD KEY DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVILLE, BETSY ROBIN 510 STRATFIELD DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRIST, BRENT 290 FRANKLIN CENTER, 29100 N WESTERN HWY SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STULBERG, LOIS 655 LONGBOAT CLUB ROAD 16-A LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Warren J. Coville 	3/10/04 (941) 954-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone