


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90051 042 ****61.25

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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50013059



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Coville
1/28/05 941 954 0999