


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000005806 <b>1. Entity Name</b> COVILLE FAMILY SUPPORTING FOUNDATION, INC.	
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<b>Principal Place of Business</b> 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232	<b>Mailing Address</b> 580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232
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07232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1043671	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 September 14, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD COVILLE, WARREN 216 BIRD KEY DRIVE SARASOTA, FL 34236
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD COVILLE, MARGOT 216 BIRD KEY DRIVE SARASOTA, FL 34236
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD COVILLE, BETSY ROBIN 510 STRATFIELD DRIVE LUTZ, FL 33549
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD TRIST, BRENT 290 FRANKLIN CENTER, 29100 N WESTERN HWY SOUTHFIELD, MI 48034
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D STULBERG, LOIS 655 LONGBOAT CLUB ROAD 16-A LONGBOAT KEY, FL 34228
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

U00000771519  
08/07/07-80005-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

7/30/2007 248 498 4990  
Date Daytime Phone #