

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
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**



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/20/08-80011-025 61.25

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/08 944 954 0922