

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005806

FILED
Feb 03, 2009
Secretary of State

Entity Name: COVILLE FAMILY SUPPORTING FOUNDATION, INC.

Current Principal Place of Business:

580 SOUTH MCINTOSH ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

580 SOUTH MCINTOSH ROAD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-1043671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TEVLOWITZ, HOWARD
580 SOUTH MCINTOSH ROAD
SARASOTA, FL 34232 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: PD () Delete
Name: COVILLE, WARREN
Address: 216 BIRD KEY DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: COVILLE, MARGOT
Address: 216 BIRD KEY DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: COVILLE, BETSY ROBIN
Address: 510 STRATFIELD DRIVE
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: TRIEST, BRENT
Address: 290 FRANKLIN CENTER, 29100 N WESTERN HWY
City-St-Zip: SOUTHFIELD, MI 48034

Title: D () Delete
Name: STULBERG, LOIS
Address: 655 LONGBOAT CLUB ROAD 16-A
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HABERER, MARTY
Address: 580 MCINTOSH ROAD
City-St-Zip: SARASOTA, FL 34232

Title: D () Change (X) Addition
Name: WEINSTEIN, JUDY
Address: 580 MCINTOSH ROAD
City-St-Zip: SARASOTA, FL 34232 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTY HABERER

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date