

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003219

1. Entity Name
COVE CHARITY FOUNDATION, INC.



Principal Place of Business
**132 HARRISON AVE
PANAMA CITY, FL 32401**

Mailing Address
**132 HARRISON AVE
PANAMA CITY, FL 32401**



03032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1107861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**HARRISON, WILLIAM G JR
132 HARRISON AVE
PANAMA CITY, FL 32401**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCELHENNEY, RANDALL
STREET ADDRESS	132 HARRISON AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VP
NAME	HARRISON, WILLIAM G JR
STREET ADDRESS	420 W BEACH DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	S
NAME	FENSOM, JIM
STREET ADDRESS	340 S BONITA AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	T
NAME	DAUGHDRILL, WILLIAM
STREET ADDRESS	210 S. MACARTHUR AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80042-022 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06
Date

850-215-9428
Daytime Phone #