

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003219

FILED
Apr 01, 2009
Secretary of State

Entity Name: COVE CHARITY FOUNDATION, INC.

Current Principal Place of Business:

132 HARRISON AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

132 HARRISON AVE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-1107861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, WILLIAM G JR
132 HARRISON AVE
PANAMA CITY, FL 32401 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: P () Delete
Name: MCELHENEY, RANDALL
Address: 132 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Delete
Name: HARRISON, WILLIAM G JR
Address: 420 W BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: S () Delete
Name: FENSOM, JIM
Address: 340 S BONITA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: T () Delete
Name: DAUGHDRILL, WILLIAM
Address: 210 S. MACARTHUR AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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:

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: RANDALL A. MCELHENEY

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date