2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001560

FILED Feb 25, 2009 Secretary of State

Entity Name: ADMIRAL'S COVE CARES CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	RALS COVE B FL 33477	ELVD		
urrent N	lailing Addre	ss:	New Mailing Addres	ss:
	RALS COVE B FL 33477	LVD		
El Number	: 59-3786373	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	RALS COVE B	SLVD US		
he above	e named entity	submits this statement for the i	ourpose of changing its registers	ed office or registered agent, or both
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE:	nic Signature of Registered Ag	ent	
the Stat GNATU FFICER tle: ame: ddress:	e of Florida. RE: Electron S AND DIREC	nic Signature of Registered Ag TORS:) Delete D RIVE	ent	Date
the Stat IGNATU PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIREC P (HOLM, GERAL 340 EAGLE DE JUPITER, FL 3	nic Signature of Registered Age ETORS:) Delete DRIVE 33477) Delete CHARD I CIRCLE	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC P (HOLM, GERAL 340 EAGLE DF JUPITER, FL (SHEEHAN, RIC 6271 FOX RUN JUPITER, FL (SHEEHAN, FL (SHEEHAN))	nic Signature of Registered Age FTORS:) Delete D RIVE 33477) Delete CHARD J CIRCLE 33458) Delete ORE DRIVE	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

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: GERALD HOLM PRES 02/25/2009