

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-21-2006 90022 009 ****70.00

DOCUMENT # N05000005588 1. Entity Name SUWANNEE RIVER COVE MINISTRIES, INC.					
Principal Place of Business 1053 LOUISIANA AVE SEBASTIAN FL 32958			Mailing Address 1053 LOUISIANA AVE SEBASTIAN FL 32958		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number: 56-2558307	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LUND, MARK G 1053 LOUISIANA AVE SEBASTIAN FL 32958				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 re-statuting) DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TPF LUND, MARK G ☐ Delete STREET ADDRESS 1053 LOUISIANA AVE CITY- ST- ZIP SEBASTIAN FL 32958		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	TVS LUND, DENISE L ☐ Delete STREET ADDRESS 1053 LOUISIANA AVE CITY- ST- ZIP SEBASTIAN FL 32958		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	T LUND ARMELLINI, ANGELA M ☐ Delete STREET ADDRESS 93 DELANNOY AVE #104 CITY- ST- ZIP COCOA FL 32922		TITLE	☐ Change ☐ Addition Lund, ARHellini, Angela M	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	T LUND 11, MARK G ☐ Delete STREET ADDRESS 345 BAKER RD CITY- ST- ZIP MERRITT ISLAND F; 32952		TITLE	☐ Change ☐ Addition Lund 11, MARK G	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	T LOVELL CASH, TIAH M ☐ Delete STREET ADDRESS 2470 FATZLER RD CITY- ST- ZIP MELBOURNE FL 32935		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	T LOVELL, DANE A ☐ Delete STREET ADDRESS 1053 LOUISIANA AVE CITY- ST- ZIP SEBASTIAN FL 32958		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mark G Lund</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/7/2006 Daytime Phone #: 321-626-0471		