2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N25236

1. Entity Name
COVINGTON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
532 DR. M. M. BETHUNE BLVD. SUITE A DAYTONA BEACH, FL 32114 US	532 DR.M M. BETHUNE BLVD. SUITE A DAYTONA BEACH, FL 32114 US

02152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2880288
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, S. LARUE
150 SOUTH PALMETTO
DAYTONA BEACH, FL 32114

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000112830
04/14/04 00039 011 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COVINGTON, SYLVESTER
STREET ADDRESS	663 MADISON AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	COVINGTON, GARRETTE B.
STREET ADDRESS	663 MADISON AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	DVP
NAME	ELAM, MICHALE A
STREET ADDRESS	1200 W INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 321202811
TITLE	D
NAME	BURTON, ETHELREDA T
STREET ADDRESS	339 MARTIN LUTHER KING
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	SESSOMS, ROBERT
STREET ADDRESS	801 WHITE STREET
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	DT
NAME	HALE, JEAN A
STREET ADDRESS	220 S RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/1/04 386-239-9755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #