

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004716

FILED
Mar 25, 2008
Secretary of State

Entity Name: NATURE'S COVE, INC.

Current Principal Place of Business:

18060 ELMWOOD DR
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

18060 ELMWOOD DR
ALVA, FL 33920

New Mailing Address:

FEI Number: 65-0697850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RENEE
18060 ELMWOOD DR
ALVA, FL 33920 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: ED () Delete
Name: JOHNSON, RENEE
Address: 18060 ELMWOOD DR
City-St-Zip: ALVA, FL 33920

Title: DP () Delete
Name: MARISCHEN, PAULA
Address: 15542 HORSEHOE LN
City-St-Zip: FORT MYERS, FL 33905

Title: DVP () Delete
Name: LAIRD, MICHAEL
Address: 2210 SAFE HARBOUR CT
City-St-Zip: ALVA, FL 33920

Title: SD () Delete
Name: YODER, ROSE
Address: 15605 SUNNY CREST RD
City-St-Zip: FORT MYERS, FL 33905

Title: DT () Delete
Name: POOLE, MARIANNE
Address: 18070 ELMWOOD DR
City-St-Zip: ALVA, FL 32920

Title: D () Delete
Name: HARRIS, MARY
Address: 5725 BUCKINHAM POND
City-St-Zip: FORT MYERS, FL 33905

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:

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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: RENEE M. JOHNSON

ED

03/25/2008

Electronic Signature of Signing Officer or Director

Date