

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004716

FILED  
Feb 10, 2010  
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  
Name: JOHNSON, RENEE  
Address: 18060 ELMWOOD DR  
City-St-Zip: ALVA, FL 33920

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

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

Title: SD  
Name: KING, MELISSA  
Address: 15580 OLD OLGA RD.  
City-St-Zip: ALVA, FL 33920

Title: DT  
Name: KING, PATRICK  
Address: 15580 OLD OLGA RD.  
City-St-Zip: ALVA, FL 33920

I hereby 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 all other like empowered.

SIGNATURE: RENEE M JOHNSON

ED

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date