

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004064**

1. Entity Name

THE COVE MERCHANTS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1784  
CAPE CANAVERAL FL 32920

Mailing Address

P.O. BOX 1784  
CAPE CANAVERAL FL 32920



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3460888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, PATSY J  
33 ANCHOR DRIVE  
SATELLITE BEACH FL 32937

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE **P** ☐ Delete  
NAME **WELBORN, VONDA**  
STREET ADDRESS **417 COASTAL BREEZE WY**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **VP** ☐ Delete  
NAME **JENKINS, ROBERT**  
STREET ADDRESS **1020 KINGFISHER WY**  
CITY-ST-ZIP **ROCKLEDGE FL 32935**

TITLE **SD** ☐ Delete  
NAME **COLEMAN, PATSY**  
STREET ADDRESS **33 ANCHOR DRIVE**  
CITY-ST-ZIP **INDIAN RIVER BEACH FL 32937**

TITLE **T** ☐ Delete  
NAME **COLEMAN, PATSY**  
STREET ADDRESS **33 ANCHOR DRIVE**  
CITY-ST-ZIP **INDIAN RIVER BEACH FL 32937**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **U000000832710**  
STREET ADDRESS **02/27/08-80069-015 61.25**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Patsy J. Coleman* Patsy J. Coleman 2/14/08 321-476-3603