2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N97000004064

Entity Name: THE COVE MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1784
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

33 ANCHOR DRIVE
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

P.O. BOX 1784
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3460888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, PATSY J
33 ANCHOR DRIVE
SATELLITE BEACH, FL 32937 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:	P	( ) Delete
Name:	WELBORN, VONDA	
Address:	417 COASTAL BREEZE WY	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	VP	( ) Delete
Name:	JENKINS, ROBERT	
Address:	1020 KINGFISHER WY	
City-St-Zip:	ROCKLEDGE, FL 32935	
Title:	SD	( ) Delete
Name:	COLEMAN, PATSY	
Address:	33 ANCHOR DRIVE	
City-St-Zip:	INDIAN RIVER BEACH, FL 32937	
Title:	T	( ) Delete
Name:	COLEMAN, PATSY	
Address:	33 ANCHOR DRIVE	
City-St-Zip:	INDIAN RIVER BEACH, FL 32937	

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:	
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: PATSY J. COLEMAN T 01/20/2009
Electronic Signature of Signing Officer or Director — Date