

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000032893

Entity Name: ST. MARY'S COVE INC

Current Principal Place of Business:

1909 STEELBRIDGE ROAD
MACCLENNY, FL 32063

Current Mailing Address:

PO BOX 136
MACCLENNY, FL 32063 US

FEI Number: 46-2548827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHODEN, BONITA B
8359 GLENFIELD OAKS DRIVE
MACCLENNY, FL 32063 US

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

Officer/Director Detail :

Title P
Name RHODEN, GEORGE B
Address 8359 GLENFIELD OAKS DRIVE
City-State-Zip: MACCLENNY FL 32063

Title VP
Name RHODEN, BONITA B
Address 8359 GLENFIELD OAKS DRIVE
City-State-Zip: MACCLENNY FL 32063

Title S/T
Name RHODEN, BONITA B
Address 8359 GLENFIELD OAKS DRIVE
City-State-Zip: MACCLENNY FL 32063

Title DIR
Name RHODEN, GEORGE B
Address 8359 GLENFIELD OAKS DRIVE
City-State-Zip: MACCLENNY FL 32063

Title DIR
Name RHODEN, BONITA B
Address 8359 GLENFIELD OAKS DRIVE
City-State-Zip: MACCLENNY FL 32063

Title DIR
Name RHODEN, ERIK B
Address 1500 CALMING WATER DRIVE, UNIT 4004
City-State-Zip: FLEMING ISLAND FL 32003

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE B RHODEN

PRESIDENT

03/09/2014

Electronic Signature of Signing Officer/Director Detail

Date