

**2019 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 1615B VINELAND CIRCLE  
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**

**03/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date