DOCUMENT# N93000001383

Entity Name: COASTAL LIFE MINISTRIES, INC.

Current Principal Place of Business:

4923 DARLINGTON ROAD HOLIDAY, FL 34690

Current Mailing Address:

P.O.BOX 1283 NEW PORT RICHEY, FL 34656-1283 US

FEI Number: 59-3178641

Name and Address of Current Registered Agent:

CERRETA, JOSEPH A SR. 4923 DARLINGTON ROAD HOLIDAY, FL 34690 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 | : JOSEPH A CERRETA | | | 02/03/2023 |
|---------------------------|--|-----------------|-------------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PCD | Title | VD | |
| Name | CERRETA, JOSEPH A SR. | Name | CERETA, DANA M | |
| Address | 6050 CALIBER COURT | Address | 6050 CALIBER COURT | |
| City-State-Zip: | PORT RICHEY FL 34655 | City-State-Zip: | NEW PORT RICHEY FL 3465 | 5 |
| Title | TD | Title | DIRECTOR | |
| Name | WESTMORELAND, DENNIS R | Name | CESTONE, ANNETTE MARIE | |
| Address | 7427 BANNER STREET | Address | 7823 HARDWICK DRIVE | |
| City-State-Zip: | NEW PORT RICHEY FL 34653 | City-State-Zip: | UNIT 224 NEW PORT RICHEY FL 3465 | 3 |

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: JOSEPH A CERRETA

PRES

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

ES

Date