2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 706993

Entity Name: THE CORAL ISLES CHURCH (UNITED CHURCH OF CHRIST, CONGREGATIONAL), INC.

Current Principal Place of Business:

90001 OVERSEAS HWY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

90001 OVERSEAS HWY
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 59-2344150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FROST, RICHARD W MR.
633 NORTH JADE DRIVE
KEY LARGO, FL 33037 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: PD ( ) Delete
Name: KASPRISIN, JAY MR.
Address: 121 RIVIERA DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: CONDE, VAL MS.
Address: 105 GUMBO LIMBO RD
City-St-Zip: ISLAMORADA, FL 33036

Title: TD ( ) Delete
Name: ASHMORE, SUSAN MS.
Address: 174 PEARL STREET
City-St-Zip: TAVERNIER, FL 33070

Title: SD ( ) Delete
Name: MORGAN, CHRIS MS.
Address: PO BOX 2403
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: CONDE, PETER MR.
Address: 87465 OLD HIGHWAY # 232
City-St-Zip: ISLAMORADA, FL 33036

Title: VD ( ) Delete
Name: ZUBA, STAN MR
Address: 125 RIVIERA DR
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MCNAMARA, PAULETTE MS.
Address: 219 ANTIGUA ROAD
City-St-Zip: TAVERNIER, FL 33070

Title: SD (X) Change ( ) Addition
Name: ASHMORE, SUSAN MS.
Address: 174 PEARL STREET
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change ( ) Addition
Name: CONDE, PETER MR.
Address: 105 GUMBO LIMBO RD
City-St-Zip: ISLAMORADA, FL 33036

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: SUSAN ASHMORE SD 02/12/2009

Electronic Signature of Signing Officer or Director — Date