2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2006
Secretary of State

DOCUMENT# 743206

Entity Name: COASTLAND AGAPE, INC.

Current Principal Place of Business:

1212 TRACY DR.
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

1212 TRACY DR.
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-1834669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TINSLEY, WILLIAM L.
1212 TRACY DR.
PORT ORANGE, FL 32129 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: VPD ( ) Delete
Name: TINSLEY, DONNA
Address: 1212 TRACY DR.
City-St-Zip: PORT ORANGE, FL 32129 US

Title: STD ( ) Delete
Name: TAYLOR, JOHN C
Address: 13701 MEADOW PARK AVE
City-St-Zip: ORLANDO, FL 32826 US

Title: D ( ) Delete
Name: COLLINS, CHARLES
Address: 1061 BAY ST
City-St-Zip: NEW SMYRNA, FL 32168 US

Title: PD ( ) Delete
Name: TINSLEY, WILLIAM L
Address: 1212 TRACY DRIVE
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BOSSIE, LARRY
Address: 1017 INDIAN OAKS WEST
City-St-Zip: HOLLY HILL, FL 32117 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L TINSLEY PD 04/01/2006

Electronic Signature of Signing Officer or Director — Date