2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am Secretary of State **DOCUMENT # 755554** 1. Entity Name 03-26-2004 90014 019 ****61.25 COASTAL SOARING ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 1502 PENSACOLA FL 32501-6132 438 E GOVERNMENT STREET C/O ROY M. KINSEY, JR PENSACOLA FL 32501-6132 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3168337 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINSEY, ROY M JR Street Address (P.O. Box Number is Not Acceptable) 438 E GOVERNMENT ST PENSACOLA FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete Addition Ruge/ Hinote 2941 Lausen Lane Cantonnant, Fl 37533 STEELE, KENNETH 708 LAGOON DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete Change ☐ Addition RABON, DON NAME 15798 J.C. COOPER ROAD STREET ADDRESS STREET ADDRESS **BAY MINETTE AL** CITY-ST-ZIP CITY-ST-ZIP PΩ TITLE Delete TITLE ☐ Change Addition KUEHMEIR, JOSEPH K NAME NAME 11533 CLEAR CREEK DR. STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition ROGER, HINETE NAME NAME 2941 LAWSON LANE STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED