
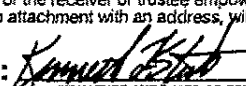


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 755554		
1. Entity Name COASTAL SOARING ASSOCIATION, INC.		
Principal Place of Business 438 E GOVERNMENT STREET C/O ROY M. KINSEY, JR PENSACOLA, FL 32501-6132		Mailing Address PO BOX 1502 PENSACOLA, FL 32501-6132
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KINSEY, ROY M JR 438 E GOVERNMENT ST PENSACOLA, FL		DO NOT WRITE IN THIS SPACE
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) _____ DATE _____		
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000614731 02/06/07-80015-015 61.25
TITLE	TD	DO NOT WRITE IN THIS SPACE
NAME	STEELE, KENNETH L	
STREET ADDRESS	708 LAGOON DR	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	SD	
NAME	RABON, DON	
STREET ADDRESS	15798 J.C. COOPER ROAD	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	BAY MINETTE, AL	
TITLE	PD	
NAME	KUEHMEIR, JOSEPH K	
STREET ADDRESS	11533 CLEAR CREEK DR.	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	VD	DO NOT WRITE IN THIS SPACE
NAME	TARVER, RALPH	
STREET ADDRESS	9070 PASADENA	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Kenneth L. Steele		1-29-07 850-595-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #