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S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 16, 2015

KEN GOODERHAM  
5460 BEAUJOLAIS LANE  
FORT MYERS, FL 33919

SUBJECT: COASTAL ZONE FOUNDATION  
Ref. Number: W15000075109

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We have received your document for COASTAL ZONE FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 415A00024180

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Zone Foundation Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Ken Gooderham

Name of Person

Gooderham & Associates Inc.

Firm/Company

5460 Beaujolais Lane

Address

Fort Myers, FL 33919-2704

City/State and Zip Code

kengooderham@comcast.net

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ken Gooderham

Name of Person

at ( 239 )

Area Code

489-2616

Daytime Telephone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Coastal Zone Foundation Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 94-2939433  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/25/1984 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1675 Walnut Place, Concord, CA 94519  
(Principal office address)

5460 Beaujolais Lane, Fort Myers, FL 33919-2704  
(Current mailing address, if different)

8. To plan and promote coastal zone/ocean management educational seminars and conferences, and publish necessary data.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

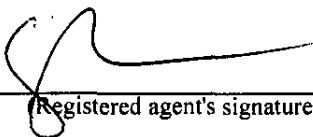
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Ken Gooderham

Office Address: 5460 Beaujolais Lane  
Fort Myers, Florida 33919-2704  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Kate Gooderham

Address: 5460 Beaujolais Lane, Fort Myers, FL 33919  
\_\_\_\_\_

Director: Gordon Thomson

Address: 2481 N.W. Boca Raton Blvd., Boca Raton, FL 33431  
\_\_\_\_\_

**B. OFFICERS**

President: Lee Weishar

Address: 81 Technology Park Drive, East Falmouth, MA 02536  
\_\_\_\_\_

Vice President: Michael Walther

Address: 3625 20th Street, Vero Beach, FL 32960  
\_\_\_\_\_

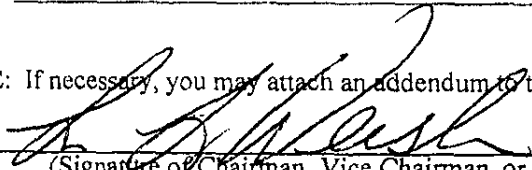
Secretary: Aram Terchunian

Address: P.O. Box 1212, Westhampton Beach, NY 11978  
\_\_\_\_\_

Treasurer: Aram Terchunian

Address: P.O. Box 1212, Westhampton Beach, NY 11978  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lee Weishar, president  
(Typed or printed name and capacity of person signing application)

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

COASTAL ZONE FOUNDATION

**FILE NUMBER:** C1180903  
**FORMATION DATE:** 05/25/1984  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 02, 2015.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State