

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000104

FILED  
Feb 26, 2005  
Secretary of State

Entity Name: BROTHERHOOD OF THE COAST, INC.

## Current Principal Place of Business:

C/O SAMUEL L. BRITTON  
3391 BAYOU SOUND  
LONGBOAT KEY, FL 34228

## New Principal Place of Business:

C/O SAMUEL L. BRITTON  
8934 WILD DUNES DRIVE  
SARASOTA, FL 34241

## Current Mailing Address:

C/O TOM COLLIER  
4529 MARINERS MOORING  
DICKINSON, TX 77539

## New Mailing Address:

FEI Number: 51-0419439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRISON, G. JOSEPH  
1206 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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: D ( ) Delete  
Name: CONARD, RICHARD T  
Address: 3643 CORTEZ RD W  
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete  
Name: BRITTON, SAMUEL L  
Address: 3391 BAYOU SOUND  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete  
Name: FINE, CHARLES J  
Address: 1501 BROADWAY, SUITE 1607  
City-St-Zip: NEW YORK, NY 10036

Title: D ( ) Delete  
Name: COLLIER, THOMAS  
Address: 4529 MARINERS MOORING  
City-St-Zip: DICKINSON, TX 77539

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: BRITTON, SAMUEL L  
Address: 8934 WILD DUNES DRIVE  
City-St-Zip: SARASOTA, FL 34241

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

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 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 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: THOMAS COLLIER

D

02/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date