2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N02000000104

Entity Name: BROTHERHOOD OF THE COAST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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: 8934 WILD DUNES DRIVE
City-St-Zip: SARASOTA, FL 34241

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

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 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: THOMAS COLLIER D 03/20/2009

Electronic Signature of Signing Officer or Director — Date