2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# N03000000511

Entity Name: COALESCE SERVICES, INC.

Current Principal Place of Business:

1690 NW DENNIS GREEN RD
BRISTOL, FL 32321 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 20642
TALLAHASSEE, FL 32316 US

New Mailing Address:

FEI Number: 01-0764341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, LINDER G
1690 NW DENNIS GREEN RD.
BRISTOL, FL 32321 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:	MS.	( ) Delete
Name:	CARROLL, LINDER G D	
Address:	1690 NW DENNIS GREEN RD.	
City-St-Zip:	BRISTOL, FL 32321 US	
Title:	MS.	( ) Delete
Name:	MAMON, BRENDA J D	
Address:	3035 BELL ST.	
City-St-Zip:	ST. LOUIS, MO 63106 US	
Title:	MS	( ) Delete
Name:	GREEN, NATLIE D	
Address:	1543 LAFOND AVE . APT #5	
City-St-Zip:	ST. PAUL, MN 55104	
Title:	MR.	( ) Delete
Name:	PALMER, SAM D	
Address:	1225 BERRY STREET	
City-St-Zip:	QUINCY, FL 32301	
Title:	MS.	( ) Delete
Name:	BOUSSICAUT, CLAUDINE D	
Address:	1615-72 PAUL RUSSEL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32351	

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:	
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 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: LINDER G. CARROLL MS. 04/22/2006

Electronic Signature of Signing Officer or Director — Date