2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N04000000476

Entity Name: COALITION TO EDUCATE ALTERNATIVES TO SENSELESS EUTHANASIA, INC.

Current Principal Place of Business:

5801 CAMINO DEL SOL #300
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

5801 CAMINO DEL SOL #300
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 26-0077087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTZMAN, CHARLES J
5801 CAMINO DEL SOL #300
BOCA RATON, FL 33433 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:	DP	( ) Delete
Name:	SALTZMAN, CHARLES J	
Address:	5801 CAMINO DEL SOL #300	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	DV	( ) Delete
Name:	MERKEL, SUSAN	
Address:	22346 GREENTREE CIR	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	DST	( ) Delete
Name:	SALTZMAN, DIANE L	
Address:	5801 CAMINO DEL SOL #300	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	(X) Delete
Name:	MEAGHER, MIKE	
Address:	3932 N.W. 5TH DRIVE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

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: CHARLES J. SALTZMAN P 01/08/2009

Electronic Signature of Signing Officer or Director — Date