

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004938

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** COASTAL KIDS, INC.

**Current Principal Place of Business:**

14 CEDARVIEW CT  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

14 CEDARVIEW CT  
PALM COAST, FL 32137

**New Mailing Address:**

PO BOX 505  
YORK HARBOR, FL 03911

**FEI Number:** 16-1703182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVENSON, DAVID  
14 CEDARVIEW CT  
PALM COAST, FL 32137 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: P  
Name: STEVENSON, DAVID  
Address: 14 CEDARVIEW CT  
City-St-Zip: PALM COAST, FL 32137

Title: T  
Name: STEVENSON, LISA  
Address: P.O. BOX 468  
City-St-Zip: MEREDITH, NH 03253

Title: D  
Name: SAUVE, ANNE  
Address: 150 BRAVE BOAT HARBOR RD.  
City-St-Zip: KITTERY, ME 03904

Title: D  
Name: ELLEN, HARFORD  
Address: 61 BROWN ST.  
City-St-Zip: KENNEBUNK, ME 04904

Title: D  
Name: HOUVARDIS, RAQUEL  
Address: 2516 TRAVELERS PALM WAY  
City-St-Zip: EDGEWATER, FL 32141

Title: D  
Name: GORA, JOE  
Address: 38 OCEAN AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: DAVID STEVENSON

P

04/21/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date