

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04012

FILED
Mar 05, 2009
Secretary of State

Entity Name: COASTAL PLAINS INSTITUTE, INC.

Current Principal Place of Business:

1313 MILTON ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1313 MILTON ST.
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2531039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEANS, D. BRUCE
1315 JACKSON ST
TALLAHASSEE, FL 32303 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: PD () Delete
Name: MEANS, D. BRUCE,
Address: 1315 JACKSON ST
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: DT () Delete
Name: GROW, GERALD O.,
Address: 1911 GIBBS DR.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SD () Delete
Name: WHITNEY, ELEANOR,
Address: 42 MEADOW LAKES 07
City-St-Zip: EAST WINDSOR, NJ 08520 US

Title: D () Delete
Name: NELSON, TOM
Address: 3642 DORIS DR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D () Delete
Name: STINSON, DONNA
Address: 1507 OLD FORT DR
City-St-Zip: TALLAHASSEE, FL 32301 US

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 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: D. BRUCE MEANS

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date