2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N05000002920

Entity Name: COASTAL COMMUNITY CHURCH, INC.

Current Principal Place of Business:

6 POST LANE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

PO BOX 1690
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 20-2710413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMER, RODERICK J
6 POST LN
PALM COAST, FL 32164 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: CAPE, DAVID
Address: 651 SW 158TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33027

Title: VD ( ) Delete
Name: HARPER, OSCAR
Address: 1832 SOUTH CENTRAL AVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD ( ) Delete
Name: MACCLOSKEY, KATHY
Address: 17 BURNING SANDS LN
City-St-Zip: PALM COAST, FL 32137

Title: TD ( ) Delete
Name: MACCLOSKEY, STEVE
Address: 17 BURNING SANDS LN
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: MCKEEVER, DOUG
Address: 64 AUDOBON LN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete
Name: HARPER, MARY
Address: 1832 SOUTH CENTRAL AVE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PALMER, RODERICK J
Address: 6 POST LANE
City-St-Zip: PALM COAST, FL 32164

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

Title: SD (X) Change ( ) Addition
Name: MCKEEVER, BARBARA
Address: 64 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136

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: BARBARA MCKEEVER SD 01/17/2008

Electronic Signature of Signing Officer or Director — Date