

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002920

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** COASTAL COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

206 SOUTH 6TH STREET  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

208 SOUTH 6TH STREET  
FLAGLER BEACH, FL 32136

**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:**

MCKEEVER, BARBARA A  
64 AUDUBON LANE  
FLAGLER BEACH, FL 32136 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  
Name: PALMER, RODERICK J  
Address: 6 POST LANE  
City-St-Zip: PALM COAST, FL 32164

Title: VP  
Name: CAPE, DAVID  
Address: 427 LONG COVE ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD  
Name: MCKEEVER, DOUGLAS  
Address: 64 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD  
Name: MCNALLY, MATTHEW  
Address: 36 REGENCY DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: D  
Name: FITZGERALD, ANTHONY  
Address: 12532 EAGLE RIDGE ROAD  
City-St-Zip: RICHMOND, VA 23233

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: DOUGLAS MCKEEVER

SD

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date