

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002920

FILED  
Feb 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4601 E HWY 100  
UNIT G6-8  
BUNNELL, FL 32110

**New Principal Place of Business:**

2200 NORTH STATE STREET  
BUNNELL, FL 32110

**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:**

MCNALLY, TINA  
36 REGENCY DRIVE  
PALM COAST, FL 32164 US

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

PALMER, RODERICK J  
6 POST LANE  
PALM COAST, FL 32164 US

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: RODERICK J PALMER

02/02/2012

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

Title: TD  
Name: TILTON, MARIA  
Address: 1026 CD 205  
City-St-Zip: BUNNELL, FL 32110

Title: SD  
Name: FINN, BEN  
Address: 14 SEAGULL PLACE  
City-St-Zip: PALM COAST, FL 32164

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

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: RODERICK J PALMER

PD

02/02/2012

Electronic Signature of Signing Officer or Director

Date