2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# N05000006935

Entity Name: BROTHERS OF THE COASTS, INC.

Current Principal Place of Business:

11126 HARBOUR NORTH LANE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

11126 HARBOUR NORTH LANE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-3148414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEBBINS, WILLIAM
1275 SUNRAY COURT
JACKSONVILLE, FL 32218 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 ( ) Delete
Name: LECLERE, WILLIAM
Address: 11126 HARBOUR NORTH LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: BURR, DELMARIE
Address: 4535 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: FC ( ) Delete
Name: STEBBINS, WILLIAM
Address: 1275 SUNRAY COURT
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BURR, DELMARIE
Address: 9107 HATIAN WAY
City-St-Zip: JACKSONVILLE, FL 32221

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM LECLERE PRES 07/17/2006

Electronic Signature of Signing Officer or Director — Date