

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90001 014 \*\*\*\*61.25

**DOCUMENT # N05000008451**

1. Entity Name

COASTAL COMMUNITY CHURCH OF INDIAN RIVER INC.



Principal Place of Business

Mailing Address

9400 SEBASTIAN BLVD.  
SEBASTIAN FL 32958

PO BOX 818  
FELLSMERE FL 32948



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 780918  
SEBASTIAN 71  
32978 USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

20-3312021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSMITH, SETH  
124 N. MULBERRY ST.  
FELLSMERE FL 32948

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(A. If Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME GOLDSMITH, SETH J SR.  
STREET ADDRESS 124 N. MULBERRY ST.  
CITY ST ZIP FELLSMERE FL 32948

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE TRUS ☐ Delete  
NAME BILL, BASS  
STREET ADDRESS 9380 104 AVE.  
CITY ST ZIP VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE TRUS ☐ Delete  
NAME GOLDSMITH, JAMES R JR.  
STREET ADDRESS 1275 30 AVE  
CITY ST ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

Date

Daytime Phone #