2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90368 011 ****61.25

DOCUMENT # N05000010246 1. Entity Name FOURCOAST FOUNDATION, INC.								, .: ` ·	04-17-20	06 9036	8 011 ****	61.25
3448 SOUTH ST. LUCIE DRIVE 344				ailing Address 448 SOUTH ST. LUCIE DRIVE ASSELBERRY, FL 32707			LINESTHER BIG STORE THE BOTH BOTH BOTH BOTH HERE BOTH IN BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH					
Principal Place of Business 3. I			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03292006	hg-NP	CBSE	037 (11/05)		
City & State			City & State				4. FFI Number				plied For	
							Not Applicable					
Zip	Zip Country		Zip		Coi	untry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registere	d Agent		Name 1		7. Name and Ad	dress of New	Registered	l Agent	
CORPORATE CREATIONS NETWORK, INC.						(∞	2 l-emer				
11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410						Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
FALINI DEA	CH GAN	DENS, PC 33410				34	48	South	St. Li	ucie	Dc.	
						City	*CC+	al Loca.	<u></u>	F	L Zip Code	320(1)
8. The above	named entit	y submits this statement for	r the purpo	ose of changing its	register	ed office or	register	red agent, or bettl, in	n the State of	Florida. I ar	n familiar with,	and accept
the obligati	ions of regis	tered agent.										
SIGNATURE .							_					
D.G												
	Signature, typed	d or printed name of registered agent a	and title if appl	icable. (NO)	E: Register	ed Agent signati	ne required	d when reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2006	and title if appl	9. Election Ca Trust Fund	mpaign l	Financing	ure required	\$5.00 May Be Added to Fees	F	Make che	ck payable to artment of St	
10.	Filing Fe	e is \$61.25		9. Election Ca Trust Fund	mpaign l Contribu	Financing tion.		\$5.00 May Be	<u> </u>	Make che lorida Dep	ck payable to artment of St DIRECTORS IN	10
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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

4.13-06