

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2009  
Secretary of State**

DOCUMENT# N05000010257

Entity Name: COEXISTENCE, INC.

**Current Principal Place of Business:**

426 PARTRIDGE CIRCLE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2559  
SARASOTA, FL 34230

**New Mailing Address:**

FEI Number: 20-3581293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHELTON, MICHAEL J  
426 PARTRIDGE CIRCLE  
SARASOTA, FL 34236 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: DP ( ) Delete  
Name: MCGILLICUDDY, DENNIS  
Address: 3827 FLAMINGO AVENUE  
City-St-Zip: SARASOTA, FL 34242

Title: DV ( ) Delete  
Name: BUCHANAN, CARROLL  
Address: 5346 EVERWOOD RUN  
City-St-Zip: SARASOTA, FL 34235

Title: DST ( ) Delete  
Name: SHELTON, MICHAEL J  
Address: 426 PARTRIDGE CIRCLE  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J SHELTON

S/T

02/10/2009

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

\_\_\_\_\_  
Date