

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007815

FILED
Apr 23, 2008
Secretary of State

Entity Name: COASTAL BOXER RESCUE OF FLORIDA, INC.

Current Principal Place of Business:

1345 ANCHOR LANE
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

1345 ANCHOR LANE
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 42-1711049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOOK, GERALD
1345 ANCHOR LANE
MERRITT ISLAND, FL 32952 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: D () Delete

Name: LAZAR, ANN

Address: 620 RUSS RD.

City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: PD () Delete

Name: MOOK, GERALD

Address: 1345 ANCHOR LANE

City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: SPEED, VICTOR

Address: 144 ST. CROIXS AVENUE

City-St-Zip: COCOA BEACH, FL 329313335

Title: D (X) Change () Addition

Name: SPEED, VICTOR

Address: 144 ST. CROIXS AVENUE

City-St-Zip: COCOA BEACH, FL 329313335

Title: V () Delete

Name: DELANEY, CAROL

Address: 4043 SNOWY EGRET DR

City-St-Zip: MELBOURNE, FL 32904

Title: VT (X) Change () Addition

Name: DELANEY, CAROL

Address: 4043 SNOWY EGRET DR

City-St-Zip: MELBOURNE, FL 32904

Title: S () Delete

Name: LAIBE, DEBI

Address: 659 SOUTH PINE ST

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T (X) Delete

Name: KIDWELL, FAITH

Address: 201 EDGEWATER TERR DR

City-St-Zip: EDGEWATER, FL 32141 US

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: GERALD MOOK

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date