

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010529

FILED
Apr 30, 2008
Secretary of State

Entity Name: COALITION FOR ONLINE SAFETY, INC.

Current Principal Place of Business:

1320 HENDRICKS RD #602
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1320 HENDRICKS RD #602
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-1322195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONER, AMBER
1320 HENDRICKS RD #602
TALLAHASSEE, FL 32301 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: SALMAN, CARMEN
Address: 1534 MANTUA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: BROWN, ERIC
Address: 405 NORTH REO ST SUITE 162
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: NOXTINE, HENRY
Address: 3608 BARBARY DR
City-St-Zip: TALLAHASSEE, FL 32309

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: CARMEN SALMAN

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date