# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 18, 2009**
**Secretary of State**

DOCUMENT# N08000000605

**Entity Name:** KEEPERS OF THE COAST, INC.

**Current Principal Place of Business:**

350 JELLISON ROAD
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

350 JELLISON ROAD
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

DODSON, TARA
350 JELLISON ROAD
ST. AUGUSTINE, FL 32080 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: P ( ) Delete
Name: DODSON, TARA
Address: 350 JELLISON ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP ( ) Delete
Name: ZEITS, BILLY
Address: 502 ARRICOLA AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: GOLUBOVICH, ANGIE
Address: 337 GENTIAN ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: EASTMAN, SCOTT
Address: 924 WINDWARD WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

**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:

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: WILLIAM ZEITS VP 06/18/2009
Electronic Signature of Signing Officer or Director — Date