

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003004

FILED  
Feb 19, 2011  
Secretary of State

**Entity Name:** COASTAL CHARITIES, INC.

**Current Principal Place of Business:**

8019 KINGSWOOD WAY  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

8019 KINGSWOOD WAY  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 26-4385661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHEEK, BRYAN L  
8019 KINGSWOOD WAY  
MELBOURNE, FL 32940 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  
Name: CHEEK, BRYAN L  
Address: 8019 KINGSWOOD WAY  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP  
Name: WILKINSON, MYLES  
Address: 1319 ROCKLEDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T  
Name: CEROW, MICHAEL  
Address: 317 DUMORE CT  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: S  
Name: HARRISON-WATTS, JULIE  
Address: 465 LANTERNBACK ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby 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 all other like empowered.

SIGNATURE: BRYAN L CHEEK

P

02/19/2011

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

\_\_\_\_\_  
Date