

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001013

FILED  
Apr 07, 2012  
Secretary of State

**Entity Name:** FUN COAST DOWN SYNDROME ASSOCIATION INC.

**Current Principal Place of Business:**

3601 EAST MOODY BLVD.  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

22 BANNERWOOD LANE  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 45-2780957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILBURN, PAULA L  
3601 EAST MOODY BLVD.  
BUNNELL, FL 32110 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:** LAUGHREN, LORI A  
**Address:** 7 POST OAK LANE  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** T  
**Name:** MOCERI, JOSEPH P  
**Address:** 16 BIRCHBARK LANE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** S  
**Name:** LYMAN, TRACIE H  
**Address:** 47 LORILLARD PLACE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** VP  
**Name:** WILSON, CRYSTALYN  
**Address:** 64 A RICKENBACKER DRIVE  
**City-St-Zip:** PALM COAST, FL 32164

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:** JOE MOCERI

T

04/07/2012

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

\_\_\_\_\_  
Date