

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36019

FILED
Jan 22, 2008
Secretary of State

Entity Name: COASTAL WILDLIFE CLUB, INC.

Current Principal Place of Business:

6365 MANASOTA KEY RD
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

C/O ZOE BASS
6365 MANASOTA KEY RD
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 59-2995507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASS, ZOE
6365 MANASOTA KEY RD
ENGLEWOOD, FL 34223 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: PD () Delete
Name: BASS, ZOE
Address: 6365 MANASOTA KEY ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: DV () Delete
Name: KATZ, WILMA
Address: 123 JOSE GASPARD DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS () Delete
Name: LEONARD, CAROL J
Address: 7228 SUNNY BROOK BLVD
City-St-Zip: ENGLEWOOD, FL 34224

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: ZOE BASS

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date