

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38566 (8)

1. Corporation Name

COASTAL RESEARCH & EDUCATION, INC.



Principal Place of Business

14630 S.W. 144 TERRACE
MIAMI FL 33186

Mailing Address

14630 S.W. 144 TERRACE
MIAMI FL 33186

3. Date Incorporated or Qualified
06/08/1990

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0235563

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGOE, JOHN G.
250 ROYAL PALM WAY
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BAKER, KANE
STREET ADDRESS 201 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE
NAME IGOE, JOHN G.
STREET ADDRESS 250 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE PM ☐ DELETE
NAME LINDEMAN, KENYON
STREET ADDRESS 14630 SW 144 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME SCHRAFT, JUDY
STREET ADDRESS 201 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☒ DELETE
NAME BONNIE RODGENBERRY
STREET ADDRESS 1414- SW 69 AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME CARMEN CASTELLO
STREET ADDRESS 2950 SW 87 AVE.
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ken C Lindeman, KENYON LINDEMAN

4.07.96

Date

305 256-9508

Daytime Phone #

CR2E037 (12/95)