

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 12: 57

DOCUMENT # **N40779** (3)

1. Corporation Name

COALITION FOR WILDERNESS ISLANDS, INC.

Principal Place of Business

Mailing Address

5782 RANCHES RD.
LAKE WORTH FL 33463-7625

5782 RANCHES RD.
LAKE WORTH FL 33463-7625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/08/1990

03/08/1994

4. FEI Number

65-0230090

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERWILLIGER, CARL
5782 RANCHES RD.
LAKE WORTH FL 33463

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CICHOCKI, FRED
STREET ADDRESS 750 NW 6TH DR
CITY - ST - ZIP BOCA RATON FL

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

TITLE D
NAME IVERSON, GRACE
STREET ADDRESS 9555 PALMETTO PARK ROAD
CITY - ST - ZIP BOCA RATON FL

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

TITLE SD
NAME GEORGE, GWYN
STREET ADDRESS 9780 PONDWOOD ROAD
CITY - ST - ZIP BOCA RATON FL

3.1 TITLE Change Addition
3.2 NAME V
3.3 STREET ADDRESS GOTTMEYER, ROBERTA
3.4 CITY - ST - ZIP 300 DYER ROAD
WENDELL BEACH, FL. 33405

TITLE T
NAME PARMALEE, ALAN
STREET ADDRESS 4765 N.W. 6TH COURT
CITY - ST - ZIP DELRAY BEACH FL

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

TITLE CD
NAME ROSSI, STELLA
STREET ADDRESS 625 WHISPERING PINES RD.
CITY - ST - ZIP BOYNTON BEACH FL

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

TITLE VCD
NAME REGALADO, NANJIANN
STREET ADDRESS 5962 VISTA LINDA LANE
CITY - ST - ZIP BOCA RATON FL 33433

6.1 TITLE Change Addition
6.2 NAME D
6.3 STREET ADDRESS REGALADO, NANJIANN
6.4 CITY - ST - ZIP 5962 VISTA LINDA LANE
BOCA RATON, FL. 33433

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the 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: *Alan K. Parmalee* ALAN K. PARMALEE 4/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #