

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40779 (3)**
1. Corporation Name
COALITION FOR WILDERNESS ISLANDS, INC.



Principal Place of Business: 5782 RANCHES RD. LAKE WORTH FL 33463-7625
Mailing Address: 5782 RANCHES RD. LAKE WORTH FL 33463-7625

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 625 WHISPERING PINES RD. 22 BOYNTON BEACH, FL. 23 33426 24 USA
2a. Mailing Address: 26 4765 N.W. 6TH CT. 27 DELRAY BEACH, FL. 28 33445 29 USA 30 USA

4. FEI Number: 65-0230090
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
TERWILLIGER, CARL
5782 RANCHES RD.
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
81 Name: ALAN K. PARMALEE
82 Street Address (P.O. Box Number is Not Acceptable): 4765 N.W. 6TH CT.
83
84 City: DELRAY BEACH, FL 85 Zip Code: 33445

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: *Alan K. Parmalee* Mr Alan Parmalee
Signature, typed or printed name of registered agent or board of directors if applicable. Signature required when registering.
DATE: 4-26-96

12. OFFICERS AND DIRECTORS		
TITLE	D CICHOCKI, FRED	<input type="checkbox"/> DELETE
NAME	750 NW 6TH DR	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP		
TITLE	D IVERSON, GRACE	<input type="checkbox"/> DELETE
NAME	9555 PALMETTO PARK ROAD	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP		
TITLE	SD GEORGE, GWYN	<input checked="" type="checkbox"/> DELETE
NAME	9780 PONDWOOD ROAD	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP		
TITLE	T PARMALEE, ALAN	<input type="checkbox"/> DELETE
NAME	4765 N.W. 6TH COURT	
STREET ADDRESS	DELRAY BEACH FL	
CITY - ST - ZIP		
TITLE	CD ROSSI, STELLA	<input type="checkbox"/> DELETE
NAME	625 WHISPERING PINES RD.	
STREET ADDRESS	BOYNTON BEACH FL	
CITY - ST - ZIP		
TITLE	D REGALADO, NANJIANN	<input checked="" type="checkbox"/> DELETE
NAME	5962 VISTA LINDA LANE	
STREET ADDRESS	BOCA RATON FL	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Alan K. Parmalee* Mr Alan Parmalee
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: 4765 Nw 6Th Ct Delray Beach, FL 33445
DATE: 4/29/96 (22) 477-0710
Date: 4/29/96 (22) 477-0710
Date/Time Phone #

CR2E037 (12/95)