


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Feb 27, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # N40779</b> 1. Entity Name COALITION FOR WILDERNESS ISLANDS, INC.	
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Principal Place of Business 625 WHISPERING PINES RD BOYNTON BEACH, FL 33426 US	Mailing Address 4765 NW 6TH CT DELRAY BEACH, FL 33445 US
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02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0230090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN K. PARMALES  
4765 NW 6TH CT  
DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000069156 03/01/04-80006-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICHOCKI, FRED 750 NW 6TH DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVERSON, GRACE 8818 S E SHARON ST HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARMALEE, ALAN 4765 N.W. 6TH COURT DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROSSI, STELLA 625 WHISPERING PINES RD. BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, CINDY 13896 COCONUT AVE. JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHAR, MARK 298 NW 11TH ST. BOCA RATON, FL 33432

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan K Parmalee 2/24/04 561/498-0996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #