

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N40779

1. Entity Name
COALITION FOR WILDERNESS ISLANDS, INC.



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)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0230090

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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. ☐

**\$5.00 May Be
Added to Fees**

1000000069166
03/01/04-80006-004 61.25

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

561/498-0996

Daytime Phone #