

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40779

FILED
Sep 06, 2006
Secretary of State

Entity Name: COALITION FOR WILDERNESS ISLANDS, INC.

Current Principal Place of Business:

625 WHISPERING PINES RD
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

4765 NW 6TH CT
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0230090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: ALAN K. PARMALEE

09/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CICHOCKI, FRED,
Address: 750 NW 6TH DR
City-St-Zip: BOCA RATON, FL 33469 US

Title: D () Delete
Name: IVERSON, RAY
Address: 8818 S E SHARON ST
City-St-Zip: HOBE SOUND, FL 33455 US

Title: T () Delete
Name: PARMALEE, ALAN,
Address: 4765 N.W. 6TH COURT
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: S () Delete
Name: ROSSI, STELLA,
Address: 625 WHISPERING PINES RD.
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: D () Delete
Name: BLACK, CINDY
Address: 13896 COCONUT AVE.
City-St-Zip: JUNO BCH, FL 33408 US

Title: D () Delete
Name: PAT, CALVERT
Address: 10939 S.E. PINE GROVE ST.
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN PARMALEE

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09/06/2006

Electronic Signature of Signing Officer or Director

Date