

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40779

FILED  
Sep 07, 2007  
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. PARMALEE  
4765 NW 6TH CT  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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      (X) 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 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 K. PARMALEE

T

09/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date