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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of Stale
DIVISION OF CORPORATIONS

1996

DOCUMENT # N93000002451 (3)

	SURE COAST COALITION,	INC.						
Principal Place	e of Business	Mailing Address		·	A RECEIPED BY AND ADDRESS COURT BEAUT	OBYRI ODIKI OD	FRI CHINE (USA) D	
1322 US HWY ONE 1322 US HWY ONE SEBASTIAN FL 32978								
2. Principal Pl	ace of Business	1 22 14 T			Incorporated or Qualified 05/25/1993	d 3a.	Date of Las 06/09/	
21	DOC OF DOSINGSS	2a. Mailing Address	3	4. FEI I	Number 59-3185604			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		38-3 103004			Not Applicable
2		27		5. Cert	ificate of Status Desired			5 Additional Required
City & State	Ð	City & State		6. Elect	tion Campaign Financing			00 May Be
Zip	Country	28			t Fund Contribution			ed to Fees
4	Country 25	Zip	Country	8. This	corporation has liability fo	or intangible	tax under s	i. 199.032,
	9. Name and Address of Curre	29 Int Registered Agent	30		da Statutes	☐ Yes		
			81 Name	TO. INMIT	ne and Address of New	Hegistere	d Agent	
FISHER,	, TAFFI		20 0	A 11 / 15 0 0				
	S HWY ONE		82 Street	Address (P.O. Bo	Number is Not Accept	عسر(ع)(ع) کاسر(ع)		
SEBAST	TIAN FL 32978		83			, <u> </u>		
			B4 City /	, 	-n			
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11. Pursuant to	to the provisions of Sections 617,050	2 and 647.7308. Florida Si	totato a the sheet				hanging its	registered office
or registere	on agont, or doment the state or lor	ida. Suelt change was auti	harized by the corporation's	prporation submit	s this statement for the p	surpose of c	nice ignig its	
familiar wit	th, and accept the obligations of Soc	ida. Such change was auti tier 617.0503, Florida Stat	tarcties, the above-named co horized by the corporation's i tutes.	prporation submit board of director	s this statement for the p s. I hereby accept the ap	pointment	as registered	l agent. I am
	o the provisions of Sactions 617.050 ed agent, or both in the State of Tor h, and accept the obligations of one					purpose of d pointment :	as registered	l agent. I am
SIGNATURI	Signature, typed or printed name of registered ager	I and tile if applicance.	(NCTE: Registered Agent signature re	equired when reinstating	<u>,</u>	DATE		
12.	Signature, typed or printed name of registered ager	t and the if applicance. VD DIFFECTORS	(NOTE: Registered Agent signature re	equired when reinstating		DATE	ND DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered ager OFFICERS AN	I and tile if applicance.	(NCTE: Registered Agent signature re	equired when reinstating ADDI) TIONS/CHANGES TO OF	DATE FICERS AF	ND DIRECTO	
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