

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000003248

1. Entity Name

COASTAL RESOURCES FOUNDATION, INC.



Principal Place of Business

359 W DEARBORN ST
ENGLEWOOD, FL 34223

Mailing Address

359 W DEARBORN ST
ENGLEWOOD, FL 34223



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0425700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WARREN, R. EARL
359 W DEARBORN ST
ENGLEWOOD, FL 34223

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000787406
01/17/08-80080-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARREN, R. EARL
STREET ADDRESS 359 W DEARBORN ST
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE SD
NAME WARREN, SYLVIA E
STREET ADDRESS 359 W DEARBORN ST
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D
NAME BRADLEY, ALICE
STREET ADDRESS 16221 SW 287TH ST
CITY-ST-ZIP MIAMI, FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

R. Earl Warren
R. EARL WARREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08
Date

(941) 474-7767
Daytime Phone #