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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000556

1. Corporation Name

COALITION OF C.A.M. ORGANIZATIONS, INC.

Principal Place of Business

2045 GULF OF MEX. DR.
LONGBOAT KEY FL 34228

Mailing Address

10645 1ST STREET EAST
TREASURE ISLAND FL 33706
US



2. Principal Place of Business

21 150 DUNDEE RD #A

Suite, Apt. #, etc.

22 City & State

23 DAYTONA BEACH

Zip

24 32118

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number

59-2965665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DITINNO, DENNIS
10645 1ST STREET EAST
SUITE 20
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE
NAME QUINN, JAMES M
STREET ADDRESS 2045 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE DVC ☐ DELETE
NAME GOODWIN, MORRIS
STREET ADDRESS 150 DUNDEE RD., SUITE A
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE DS ☐ DELETE
NAME HOSTE, CHERYL
STREET ADDRESS 3140 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE T ☐ DELETE
NAME DITINNO, DENNIS
STREET ADDRESS 10645 1ST STREET EAST
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL
HOSTE, SECY 1-12-99 (36) 582-7117

Date

Daytime Phone #

CR2E037 (11/98)