

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90082 040 ****61.25

DOCUMENT # N94000000556

1. Entity Name

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



Principal Place of Business

**150 DUNDEE RD #A
DAYTONA BCH FL 32118**

Mailing Address

**10645 1ST STREET EAST
TREASURE ISLAND FL 33706
US**

90155894



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

10681 Gulf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

City & State

Treasure Island

Zip

Country

Zip

Country

33706

USA

4. FEI Number **59-2965665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DITINNO, DENNIS

10645 1ST STREET EAST

SUITE 20

TREASURE ISLAND FL 33706

Name

Dennis Ditunno

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

10681 Gulf Blvd Suite 207

City

Treasure Island

FL

Zip Code

33706

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

Dennis Ditunno
Signature, typed or printed name of registered agent and title if applicable.

Dennis Ditunno
(NOTE: Registered Agent signature required when reinstating)

09/02/03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete
NAME **GOODWINN, MORRIS**
STREET ADDRESS **150 DUNDEE RD., SUITE A**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **DITINNO, DENNIS**
STREET ADDRESS **10645 1ST STREET EAST**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Dennis Ditunno
SIGNATURE REQUIRED

09/02/03

727-360-2006

CR2E037 (4/03)