2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N94000004627



Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90122 029 ****61.25

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	RE COAST ASSOCIATION AL ADVISORS, INC.	1 OF INSURANCE	E AND					
Principal Place of Business Mailing Address P.O. BOX 3405 P.O. BOX 3405 STUART, FL 34995 STUART, FL 34995							IIII BEME BENI BISH SIKE I	III 1901/91 Bt 1801
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		01122007	Chg-NP	CR2E037 (12/	06)
City & State		City & State	City & State		4. FEI Numb 65-041		-	Applied For Not Applicable
Zíp	Country	Zip	Co	ountry	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Curren	it Registered Agent	•		7. Name and	Address of New	Registered Agent	
POE, MORIA H 2041 E. OCEAN BLVD				Name Street Add	dress (P.O. Box Numb	er is Not Acceptab	le)	
STUART, I	FL 34996							
				City			FL Zip	Code
	named entity submits this statement	for the purpose of chang	ging its register	ered office or re	egistered agent, or bo	oth, in the State of F	lorida. I am familiar	with, and accept
the obligat	ións of registered agent.	\sim		1.		~/	V	1
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SIGNATURE .	Signature, typed or printed name of registered age	PLG 01 rs and tale if applicable.	(NGTE, Register		THE U. G.	AXI	DATE / OLD	10/
SiGNATURE .	Signature, typed or printed name of registered ages Filling Fee Is \$61.25 Due by May 1, 2007	9. Election	(Nore, Regener on Campaign Fund Contribu	· · -	\$5.00 May Added to Fees	Be Fic	DATE DATE	
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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.

GNATURE:

| Company |

SIGNATURE: _