2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000637

1. Entity Name
COASTAL KIDS HOME HEALTH, INC.

Principal Place of Business	Mailing Address
200 SE 19 AVENUE POMPANO BEACH, FL 33060	200 SE 19 AVENUE POMPANO BEACH, FL 33060

01212004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0563002
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JOYCE T CPA
289 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33334

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEWART, JOYCE
STREET ADDRESS	289 E. OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	T
NAME	VAN VORST, JOHN
STREET ADDRESS	6550 N. FEDERAL HWY.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	S
NAME	CECIL, MAUREEN F
STREET ADDRESS	6230 NW 26TH CT.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	D
NAME	MCGOUGH, WILLIAM
STREET ADDRESS	13 ROYAL PALM WAY , #603
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	APPEL, ELAINE
STREET ADDRESS	1882 N.W. 97TH AVENUE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	STEWART, ADAM
STREET ADDRESS	482 SPRINGS END LANE
CITY-ST-ZIP	MARIETTA, GA 30068

UD00000030035
02/04/04-80091-017 70.00

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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: Joyce T. Stewart Joyce T. Stewart 1/22/04 954-943-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bds Board of Directors