

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010257

Entity Name: COEXISTENCE, INC.**Current Principal Place of Business:**426 PARTRIDGE CIRCLE
SARASOTA, FL 34236**Current Mailing Address:**PO BOX 2559
SARASOTA, FL 34230**FEI Number:** 20-3581293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHELTON, MICHAEL J
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name MCGILLICUDDY, DENNIS
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

Title VC
Name BERGMAN, RICHARD
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

Title S/T
Name SHELTON, MICHAEL J
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name BUCHANAN, CAROL
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name WEBER, JOHN
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name ANDERSON, SCOTT
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name MCGILLICUDDY, GRACI
Address PO BOX 2559
City-State-Zip: SARASOTA FL 34230

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. SHELTON**SECRETARY/TREASURER 02/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date