

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006525

**Entity Name:** COASTAL FLIERS CORP.

**Current Principal Place of Business:**

6656 COLUMBIA PARK DR  
SUITE #1  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

PO BOX 600697  
JACKSONVILLE, FL 32260 US

**FEI Number:** 59-2638065

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DIX, TRACIE W  
6656 COLUMBIA PARK DR  
SUITE #1  
JACKSONVILLE, FL 32258 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            PRESIDENT, SECRETARY,  
                  TREASURER, DIRECTOR  
Name            DIX, TRACIE W  
Address        6656 COLUMBIA PARK DR  
                  SUITE #1  
City-State-Zip: JACKSONVILLE FL 32258

*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:** TRACIE W DIX

PRESIDENT

04/22/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date