

2016 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

01/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date