

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 014 ****61.25

DOCUMENT # N00000000322 1. Entity Name THE FINANCIAL PLANNING ASSOCIATION OF THE GOLD COAST, INC.			
Principal Place of Business 349 GRANADA ROAD WEST PALM BEACH, FL 33401		Mailing Address P.O. BOX 7196 WEST PALM BEACH, FL 33405	
2. Principal Place of Business 1883B-N. Osprey Way		3. Mailing Address Suite, Apt. #, etc.	
City & State JUPITER, FL		City & State	
Zip 33458		Country Palm Beach	
4. FEI Number 65-0977003		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, JM 1897 PALM BEACH LAKES BLVD SUITE 220 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOULE, GARRETT 560 VILLAGE BLVD #100 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, JOHN 1897 PALM BEACH LAKES BLVD, #220 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARES, ROBERT 12604 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATHBURN, DEBORAH 6486 NIKKI WAY LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, RICHARD 400 NEPTUNE ROAD JUNO BEACH, FL 334082017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leslie A. McCullough 800 S. Federal Hwy Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGNELLO, MIKE 712 N. OLIVE AVENUE WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Bill Unger 5301 N. Federal Hwy, Ste. 140 Boca Raton, FL 33487
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: <i>John M. Potter</i> JOHN M POTTER		Date: 1/20/05 Daytime Phone #: 561-615-3801	