

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2005
Secretary of State**

DOCUMENT# N02000001428

Entity Name: AFA GOLD COAST CHAPTER 351, INC.

Current Principal Place of Business:

PO BOX 5846
FT LAUDERDALE, FL 333105846

New Principal Place of Business:

Current Mailing Address:

PO BOX 5846
FT LAUDERDALE, FL 333105846

New Mailing Address:

FEI Number: 51-0236807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, JOSEPH H DR
10800 S.W. 57TH PLACE
FT LAUDERDALE, FL 330328 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TASK, BOB
Address: 650 SE 4 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: EV () Delete
Name: EDMONDS, ROD
Address: 8060 NW 45 ST
City-St-Zip: LAUDERHILL, FL 33351

Title: S () Delete
Name: CREWS, BARBARA
Address: 7000 NW 74 PL
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: ROBERTS, JOSEPH DR
Address: 10800 SW 57 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: J.H. ROBERTS

DR

04/16/2005

Electronic Signature of Signing Officer or Director

_____ Date