


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90190 041 \*\*\*\*61.25

**DOCUMENT # N03398**  
 1. Entity Name  
**GOLD COAST AMATEUR RADIO ASSOCIATION, INC.**



Principal Place of Business  
 2787 E. OAKLAND PARK BLVD  
 SUITE 404  
 FORT LAUDERDALE, FL 33306

Mailing Address  
 2787 E. OAKLAND PARK BLVD  
 SUITE 404  
 FORT LAUDERDALE, FL 33306

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

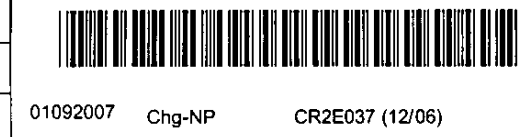
Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

6. Name and Address of Current Registered Agent

**CRANE, DAVID W ESQ.**  
 2787 E. OAKLAND PARK BLVD., #404  
 FORT LAUDERDALE, FL 33306



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	.PD	<input type="checkbox"/> Delete
NAME	KREIDER, JOHN	
STREET ADDRESS	825 FAIRWAY DR	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SILVA, BRIAN	
STREET ADDRESS	14031 S.E 28 ST.	
CITY-ST-ZIP	MORRISTON, FL 32668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT C	
STREET ADDRESS	953 SE 10 COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEN, Arthur	
STREET ADDRESS	1920 NW 42 St.	
CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert C Walter  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-07 954-565-4848  
 Date Daytime Phone #