

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000007815

1. Entity Name
GOLD COAST ANTHROPOLOGICAL SOCIETY, INC.



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
2805 E. OAKLAND PARK BLVD.
SUITE 402
FT. LAUDERDALE, FL 33306

Mailing Address
2805 E. OAKLAND PARK BLVD.
SUITE 402
FT. LAUDERDALE, FL 33306



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATTS, NORLIZA
2805 E. OAKLAND PARK BLVD.
SUITE 402
FT LAUDERDALE, FL 33306

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PASCUCCI, RUDOLPH F JR.
STREET ADDRESS	2805 E. OAKLAND PARK SUITE 402
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	DV
NAME	CICHOCKI, FREDERICK DR
STREET ADDRESS	2805 E. OAKLAND PARK BLVD. SUITE 402
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	DT
NAME	FERDINANDO, PETER
STREET ADDRESS	2805 E. OAKLAND PARK BLVD. SUITE 405
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	DS
NAME	FLYNN, PATRICIA K
STREET ADDRESS	2805 E. OAKLAND PARK SUITE 402
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	DIR
NAME	FENNEY, ROBERT
STREET ADDRESS	2805 E. OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDER DALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/15/08-80002-022 61.25

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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: **7-10-08** **954-295-2549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #