2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90014 044 ****61.25

DOCUMENT # N28761

1. Entity Name
GOLD COAST CHRISTIAN CATHEDRAL, INC.

40058631

Principal Place of Business	Mailing Address
6751 N FED HWY STE 201 BOCA RATON, FL 33487 US	6751 N FED HWY STE 201 BOCA RATON, FL 33487 US

01312008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0077708
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REED, RANDALL H CPA
6751 N FED HWY STE 201
BOCA RATON, FL 33487

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROFT, JAMES
STREET ADDRESS	8942 SONOMA LAKE BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	CROFT, PRUDENCE
STREET ADDRESS	8942 SONOMA LAKE BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	ROBERT BYERS
STREET ADDRESS	4121 NE 17TH TERR
CITY-ST-ZIP	POMPANO BCH, FL 33064
TITLE	Director
NAME	FRANK Marciano
STREET ADDRESS	11744 Bayfield Dr.
CITY-ST-ZIP	Boca Raton, Fl. 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Prudence Croft / Bookkeeper/Sec. 3/24/08 561-852-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #