## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#714930**

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 27, 2007 Secretary of State

Entity Name: FT. LAUDERDALE COIN CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 22102 ART SERVE FT LAUDERDALE, FL 33335 1350 E SUNRISE BLVD FT LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** P.O. BOX 22102 FT LAUDERDALE, FL 33335 FEI Number: 59-2436817 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOSTENSON, DENNIS 2903 S. 81ST TERR DAVIE, FL 33328 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THOSTENSON, DENNIS Name: Name: 2903 SW 31ST TERR Address: Address: City-St-Zip: DAVIE, FL 33328 City-St-Zip: Title: Title: SD ( ) Delete (X) Change ( ) Addition FRED, DOCTOR Name: Name: TOM, DEFINA Address: 6863 NW 26 TERR Address: P O BOX 245428 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: PEMBROKE PINES, FL 33024 Title: () Delete Title: () Change () Addition LANE, ROGER D Name: Name: 4107 FILLMORE ST Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: GOLDEN, WILLIAM Name: Address: PO BOX 24091 Address: City-St-Zip: FORT LAUDERDALE, FL 33307 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ROGER D LANE T 02/27/2007

() Delete

FORT LAUDERDALE, FL 33306

() Delete

NOLTE, STEPHEN F.

SCHWARTZ, MARK

10797 MADISON DRIVE

BOYNTON BEACH, FL 33427

2719 NE 21ST TERRACE

(X) Change ( ) Addition

(X) Change ( ) Addition

NOLTE, STEPHEN F.

SCHWARTZ, MARK

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