


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734173</b> 1. Entity Name FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.	
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Principal Place of Business 1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS FL 33154-2013	Mailing Address 1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS FL 33154-2013
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-0774028</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  COHN, PETER H. 1100 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LADERMAN, LORRAINE <input type="checkbox"/> Delete 1100 KANE CONCOURSE BAY HARBOR ISLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAVALLO, MICHAEL JR. <input type="checkbox"/> Delete 1100 KANE CONCOURSE BAY HARBOR ISLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COHN, PETER <input type="checkbox"/> Delete 1100 KANE CONCOURSE BAY HARBOR ISLES FL00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOTLER, HELEN <input type="checkbox"/> Delete 9585 HARDING AVENUE SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000201092 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/05-80053-017 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter H. Cohn **PETER H. COHN** 134-2005 305-866-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #