


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734173**  
 1. Entity Name  
**FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.**



Principal Place of Business Mailing Address  
 1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS FL 33154-2013  
 1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS FL 33154-2013



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-0774028**  
 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**COHN, PETER H.**  
**1100 KANE CONCOURSE**  
**BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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 or principal officer of applicant. (NOTE: Registered Agent signature is required when registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	VD	<input type="checkbox"/> Delete
NAME	LADERMAN, LORRAINE	
STREET ADDRESS	1100 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAVALLO, MICHAEL JR.	
STREET ADDRESS	1100 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COHN, PETER	
STREET ADDRESS	1100 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLES FL00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOTLER, HELEN	
STREET ADDRESS	9585 HARDING AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000802480  
 02/04/08 88881 004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Peter H. Cohn* **PETER COHN** 1-22-2008 305-866-6020