

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734173

FILED
Feb 24, 2009
Secretary of State

Entity Name: FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1100 KANE CONCOURSE
SUITE 210
BAYHARBOR ISLANDS, FL 331542013

New Principal Place of Business:

Current Mailing Address:

1100 KANE CONCOURSE
SUITE 210
BAYHARBOR ISLANDS, FL 331542013

New Mailing Address:

FEI Number: 59-0774028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, PETER H.
1100 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: LADERMAN, LORRAINE,
Address: 1100 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLES, FL

Title: TD () Delete
Name: CAVALLO, MICHAEL JR.,
Address: 1100 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLES, FL

Title: P () Delete
Name: COHN, PETER,
Address: 1100 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLES FL00000,

Title: D () Delete
Name: KOTLER, HELEN
Address: 9585 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LADERMAN, LORRAINE,
Address: 1100 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLES, FL 33154

Title: TD (X) Change () Addition
Name: CAVALLO, MICHAEL JR.,
Address: 1100 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLES, FL 33154

Title: P (X) Change () Addition
Name: COHN, PETER,
Address: 1100 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D (X) Change () Addition
Name: KOTLER, HELEN
Address: 9585 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

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

SIGNATURE: PETER H. COHN

P

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date