

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752597

Entity Name: FLORIDA GOLD COAST CLASSICS, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

%WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

C/O WENDELL SNOWDEN
25100 SW 189 AVE.
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 59-2029904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSKI, WILLIAM W.
6202 S.W. 55 COURT
DAVIE, FL 33314 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: D () Delete
Name: SNOWDEN, WENDELL
Address: 25100 SW 189 AVE.
City-St-Zip: HOMESTEAD, FL 33031

Title: S () Delete
Name: SLAUGHTER, JACKIE
Address: 6161 SW 51ST CT
City-St-Zip: DAVIE, FL 33314

Title: AD () Delete
Name: CARNEVALE, PAT
Address: 6480 W. 14 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: CARNEVALE, NAN
Address: 6480 W 14TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: GARRISON, BILLY
Address: 1301 N.W. 116 AVE
City-St-Zip: PLANTATION, FL 33323

Title: D () Delete
Name: SLAUGHTER, JIM
Address: 6161 S.W. 51 CT.
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WENDELL SNOWDEN

D

01/08/2004

Electronic Signature of Signing Officer or Director

Date