

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752597

FILED
Jan 15, 2009
Secretary of State

Entity Name: FLORIDA GOLD COAST CLASSICS, INC.

Current Principal Place of Business:

3302 - 104 STREET
WELLBORN, FL 32094 US

New Principal Place of Business:

Current Mailing Address:

C/O WENDELL SNOWDEN
3302 - 104 STREET
WELLBORN, FL 32094 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:

SNOWDEN, WENDELL
3302 - 104 STREET
WELLBORN, FL 32094 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: 3302 - 104 STREET
City-St-Zip: WELLBORN, FL 32094

Title: S () Delete
Name: SLAUGHTER, JACKIE
Address: 11234 - 71 DRIVE
City-St-Zip: LIVE OAK, FL 33060

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: PHILLIPS, JODY
Address: 581 NW 75 TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: SLAUGHTER, JIM
Address: 11234 - 71 DRIVE
City-St-Zip: LIVE OAK, FL 33060

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
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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 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: WENDELL SNOWDEN

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date