


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90038 045 ****61.25

DOCUMENT # 754698

1. Entity Name
FLORIDA GOLD COAST SWIMMING, INC.



Principal Place of Business
 951 U.S. HWY # 1
 NORTH PALM BEACH, FL 33408

Mailing Address
 951 U.S. HWY # 1
 NORTH PALM BEACH, FL 33408

50015956



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02132005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
31-1012803

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
ANDREWS, JOHN S ESQ
ANDREWS PHILLIPS & GALATIS
1501 NE 4 AVE
FT. LAUDERDALE, FL 33304

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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 checked="" type="checkbox"/> Delete
NAME	NELSON, JACK	
STREET ADDRESS	503 SEABREEZE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DILLON, MICHAEL	
STREET ADDRESS	503 SEABREEZE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAVANAH, RICHARD	
STREET ADDRESS	951 US HIGHWAY #1	
CITY-ST-ZIP	N PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT, CAROGOL	
STREET ADDRESS	466 SOUTH FIG TREE LN	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	S	<input type="checkbox"/> Delete
NAME	STUART, MARVIN	
STREET ADDRESS	501 SEABREEZE BKVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARMENTER, JIMMY	
STREET ADDRESS	9141 NW 2ND STREET	
CITY-ST-ZIP	PLANTATION, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPPAS, KIRK	
STREET ADDRESS	13378 SW 144TH TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAH, RICHARD	
STREET ADDRESS	951 U.S. HWY #1	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
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		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Richard Cavanah* **RICHARD CAVANAH** 2/13/05 (561) 691-3427

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