

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754698

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: FLORIDA GOLD COAST SWIMMING, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 31-1012803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDREWS, JOHN S ESQ  
ANDREWS PHILLIPS & GALATIS  
1501 NE 4 AVE  
FT. LAUDERDALE, FL 33304 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: VPD ( ) Delete  
Name: PEPPAS, KIRK  
Address: 13378 SW 144TH TERR  
City-St-Zip: MIAMI, FL 33186 US

Title: VPD ( ) Delete  
Name: AGUIRRE, ALFONSO  
Address: 951 US HWY. #1  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VPD ( ) Delete  
Name: CAVANAH, RICHARD  
Address: 951 US HWY # 1  
City-St-Zip: N PALM BEACH, FL 33408 US

Title: PD ( ) Delete  
Name: ROBERT, CAROGOL  
Address: 466 SOUTH FIG TREE LN  
City-St-Zip: PLANTATION, FL 33317 US

Title: SD ( ) Delete  
Name: BOSCO, LORI  
Address: 5901 COLLEGE ROAD  
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: PD (X) Change ( ) Addition  
Name: ANDERSON, CHRISTOPHER  
Address: 2286 NW 208TH TERR  
City-St-Zip: PEMBROKE PINES, FL 33029 US

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

Title: VPD ( ) Change (X) Addition  
Name: WILLIAMS, ALLAN  
Address: 642 SE 19TH AVE., APT.#1  
City-St-Zip: DEARFIELD BEACH, FL 33441

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: RICHARD E. CAVANAH

Electronic Signature of Signing Officer or Director

VPD

02/08/2009

\_\_\_\_\_ Date