

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763572

FILED
Apr 13, 2007
Secretary of State

Entity Name: GOLD COAST DOWN'S SYNDROME ORGANIZATION, INC.

Current Principal Place of Business:

5300 BROKEN SOUND BLVD. N.W.
BOCA RATON, FL 33487 US

New Principal Place of Business:

2255 GLADES ROAD
342-W
BOCA RATON, FL 33431 US

Current Mailing Address:

5300 BROKEN SOUND BLVD. N.W.
BOCA RATON, FL 33487 US

New Mailing Address:

2255 GLADES ROAD
342-W
BOCA RATON, FL 33431 US

FEI Number: 59-2350275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMON, TERRI
22626 SW 65 TERRACE
BOCA RATON, FL 33428 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: M () Delete
Name: HARMON, TERRI
Address: 22626 SW 65 TERRACE
City-St-Zip: BOCA RATON, FL

Title: TD () Delete
Name: JOYNER, SUE
Address: 2621 LAKE HAVEN RD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD () Delete
Name: MCCOLLAM, MAITE
Address: 7120 WEST LAKE DRIVE
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: VD () Delete
Name: MARINO, GAIL
Address: 3735 N.W. 52ND STREET
City-St-Zip: BOCA RATON, FL 33496

Title: PD () Delete
Name: DAVIS-KILLIAN, SUE
Address: 7326 ASHLEY SHORES CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: FEULNER, DEEANNE
Address: 380 GLENN BROOK DR
City-St-Zip: ATLANTIS, FL 33462

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 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: TERRI HARMON

M

04/13/2007

Electronic Signature of Signing Officer or Director

Date