2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764379

FILED Apr 17, 2007 Secretary of State

Entity Name: GOLD COAST ARABIAN HORSE CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 12296 159TH CT N JUPITER, FL 33478 **Current Mailing Address: New Mailing Address:** 12296 159TH CT. N JUPITER, FL 33478 FEI Number: 65-0764379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANN, NANCY 12296 159TH CT. N. JUPITER, FL 33478 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JOHN, CLAUDIA JOHN, CLAUDIA Name: Name: 17900 HAYNIE LANE Address: 17120 JUPITER FARMS RD Address: JUPITER, FL 33478 City-St-Zip: City-St-Zip: JUPITER, FL 33478 Title: VD () Delete Title: (X) Change () Addition STEVENS, PARIN Name: WALTER, CAROL Name: Address: 3339 GARDENS E Address: 16301 127TH DR NORTH City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: JUPITER, FL 33478 Title: SD () Delete Title: SD (X) Change () Addition BROTT, SUSAN NALTY, MICHELLE Name: Name: 16032 E AINTREE DR 3092 FLORIDA BLVD Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: PALM BEACH GARDENS, FL 33410 () Change () Addition Title: TD () Delete Title: Name: BRANN, NANCY Name: 12296 159TH CT N Address: Address: City-St-Zip: JUPITER, FL 33478 City-St-Zip: Title: MSD () Delete Title: MSD (X) Change () Addition WALTER, CAROL Name: Name: MCDAVID, DANA 12356 158TH CT NORTH 16301 127TH DRIVE N Address: Address: City-St-Zip: JUPITER, FL 33478 City-St-Zip: JUPITER, FL 33478 Title: () Delete Title: () Change () Addition DICK, DOROTHY Name: Name: Address: 4906 WIGGENS ROAD Address: LAKE WORTH, FL 33463 City-St-Zip: 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: NANCY BRANN TD 04/17/2007