

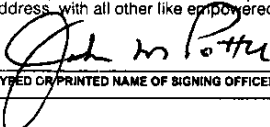


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90030 016 ****61.25

DOCUMENT # N00000000322 1. Entity Name THE FINANCIAL PLANNING ASSOCIATION OF THE GOLD COAST, INC.					
Principal Place of Business 18838 N OSPOREY WAY JUPITER, FL 33458			Mailing Address P.O. BOX 7196 WEST PALM BEACH, FL 33405		
2. Principal Place of Business 6486 NIKKI WAY		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162006 Chg-NP CR2E037 (4/06)	
City & State LAKE WORTH FL		City & State		4. FEI Number 65-0977003	
Zip 33467		Country USA		Applied For Not Applicable	
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, JM 1897 PALM BEACH LAKES BLVD SUITE 220 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE BB	<input type="checkbox"/> Delete		TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SOULE, GARRETT	STREET ADDRESS 560 VILLAGE BLVD #100		NAME 	STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33409			CITY-ST-ZIP		
TITLE TD	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME POTTER, JOHN	STREET ADDRESS 1897 PALM BEACH LAKES BLVD, #220		NAME 	STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33409			CITY-ST-ZIP		
TITLE CB	<input type="checkbox"/> Delete		TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KARES, ROBERT	STREET ADDRESS 12604 CORAL LAKES DRIVE		NAME 	STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH, FL 33437			CITY-ST-ZIP		
TITLE PED	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RATHBURN, DEBORAH	STREET ADDRESS 6486 NIKKI WAY		NAME 	STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH, FL 33467			CITY-ST-ZIP		
TITLE SB	<input type="checkbox"/> Delete		TITLE VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCCULLOUGH, LESLIE A	STREET ADDRESS 800 S FEDERAL HWY		NAME 	STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33432			CITY-ST-ZIP		
TITLE D	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME UNGER, BILL	STREET ADDRESS 5301 N FEDERAL HWY STE 140		NAME 	STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JOHN POTTER 5/16/06 (561) 615-3801 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					