

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000322

FILED
Apr 19, 2009
Secretary of State

Entity Name: THE FINANCIAL PLANNING ASSOCIATION OF THE GOLD COAST, INC.

Current Principal Place of Business:

12157 LINEBAUGH AVENUE
312
TAMPA, FL 336261732

New Principal Place of Business:

Current Mailing Address:

12157 LINEBAUGH AVENUE
312
TAMPA, FL 336261732

New Mailing Address:

FEI Number: 65-0977003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESLIE, MCCULLOUGH
800 S FEDERAL HIGHWAY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KELBEN, HOLBROOK
1630 NORTH O STREET
LAKE WORTH, FL 33460 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: KELBEN HOLBROOK 04/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCULLOUGH, LESLIE CFP(R)
Address: 800 S FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

Title: VPD () Delete
Name: BENBOW, JUDY CFP(R)
Address: COMERICA - 1800 CORPORATE BLVD NW 101
City-St-Zip: BOCA RATON, FL 33431

Title: TD () Delete
Name: RATHBUN, DEBORAH CFP(R)
Address: 6486 NIKKI WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: HOSSAIN, RUBINA CFP(R)
Address: PALM PLANNING - 5652 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: RABINOWITZ, BARRY CFP(R)
Address: 10930 NW 10TH COURT
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: SAVITZ, DAVID CFP(R)
Address: 8025 ROSSINI WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: HOLBROOK, KELBEN CFP(R)
Address: 1630 NORTH O STREET
City-St-Zip: LAKE WORTH, FL 33460

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 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: KELBEN HOLBROOK TD 04/19/2009
Electronic Signature of Signing Officer or Director Date