

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006755

1. Entity Name
GOLFCOAST AMATEUR SPORTS, INC.



Principal Place of Business
P. O. BOX 100478
CAPE CORAL, FL 33910

Mailing Address
P. O. BOX 100478
CAPE CORAL, FL 33910



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1039172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BAKER, GARY
1634 SE 47TH ST., SUITE 10
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

000000128096
04/26/04-30023-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKER, GARY 1634 SE 47TH ST. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, JEFF 8050 BAYSHORE RD N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NIKANDER, VIKI 1634 SE 47TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZUZIAK, GERRY 340 SANTANDER CT. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gary Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04
Date

239-542-3737
Daytime Phone #