## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 02, 2005 08:00 AM DOCUMENT # NOO357 **Secretary of State** 1. Entity Name GOLD COAST PUPPET GUILD, INC. Mailing Address Principal Place of Business P 0 BOX 19124 P 0 BOX 19124 WEST PALM BEACH, FL 33416 WEST PALM BEACH, FL 33416 02252005 No Chq-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0519629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TIMMIS, JO JANEEN 5834 FOREST HILL BLVD WEST PALM BEACH, FL 33415 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Replatered Agent singulate required when reinstelling) DATE \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. MLE MALE DOUGLAS, PEG //00000249369 03/02/05-80068-017 61.25 STREET ADDRESS 1714 15TH AVE. N CITY - ST - ZIP LAKE WORTH, FL 33460 TINE NAME JANEEN, TIMMIS STREET ADDRESS 5834 FOREST HILL BLVD CRY-ST-7P WEST PALM BEACH, FL MLE VPO NAME TILTON, TERRY STREET ADDRESS 620 AVENIDA ALEGRE DO NOT WRITE CITY ST-ZIP WEST PALM BEACH, FL 334052240 IN THIS SPACE TITLE HAME TIMMIS, WM STREET ADDRESS 5834 FOREST HILL BLVD CITY-ST-ZIP WEST PALM BEACH, FL 334145511 BBLE NAME TILTON, AMY STREET ABORESS 620 AVENIDA ALEGRE CITY-ST-ZIP WEST PALM BEACH, FL 334052240 TITLE

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, if 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP