

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N00357

1. Entity Name
GOLD COAST PUPPET GUILD, INC.



Principal Place of Business
**P O BOX 19124
WEST PALM BEACH, FL 33416**

Mailing Address
**P O BOX 19124
WEST PALM BEACH, FL 33416**



DO NOT WRITE IN THIS SPACE

02072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0519629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TIMMIS, JO JANEEN
5834 FOREST HILL BLVD
WEST PALM BEACH, FL 33415**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, LESLI
STREET ADDRESS	1106 NE ST
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	T
NAME	JANEEN, TIMMIS
STREET ADDRESS	5834 FOREST HILL BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VPD
NAME	TILTON, TERRY
STREET ADDRESS	620 AVENIDA ALEGRE
CITY-ST-ZIP	WEST PALM BEACH, FL 334052240
TITLE	VPD
NAME	TIMMIS, WM
STREET ADDRESS	5834 FOREST HILL BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 334145511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/07-80031-013 61.25

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IN THIS SPACE**

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:

Janeen Timmis **JANEEN Timmis** 2/7/07 561-967-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #