


**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90200 035 \*\*\*\*61.25

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

<b>DOCUMENT # N02000001428</b> 1. Entity Name AFA GOLD COAST CHAPTER 351, INC.	
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Principal Place of Business PO BOX 5846 FT LAUDERDALE, FL 33310-5846	Mailing Address 10800 S.W. 57TH PLACE FT LAUDERDALE, FL 33328
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02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0236807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ROBERTS, JOSEPH H DR 10800 S.W. 57TH PLACE FT LAUDERDALE, FL 33328
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MERIAM, RAN 3690 N.W. 102 AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV EDMONDS, ROD 8060 NW 45 ST LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CREWS, BARBARA 7000 NW 74 PL TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBERTS, JOSEPH DR 10800 SW 57 PLACE FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Joseph Robert JOSEPH ROBERTS 5/12/2007 954-434-7317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #