2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 25, 2006 8:00 am Secretary of State

DOCUMENT # N02000002720 1. Entity Name GOLD COAST VIA DE CRISTO, INC.					01-	25-2006 9003	33 04/ ****6	1.25
5001 NE 4TH AVE 50		Mailing Address 5001 NE 4TH AVE BOCA RATON, FL 334	•		-			
Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222006 Chg-	NP CR	2E037 (11/05)		
City & State		City & State			4. FEI Number 06-1694437		— — —	plied For
Zip	Country	Zip	Соц	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent			7. Name and Addres	s of New Registe	red Agent	
DANIZINI	NA)//-			Name				
RANKIN, DAVE 5001 NE 4TH AVE BOCA RATON, FL 33431				Street Address (P.O. Box Number is Not Acceptable)				
				City			Zin Cod	
				City			FL Zip Code	3
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age. Filling Fee is \$61.25	of and little of applicable. (NC	OTE: Registere	ed Agent signature require	ed when reinstating)	D	ATE	
	Trust Fund	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND D		11.	1	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS IN	
TITLE	PD DANKIN DAVE	☐ Delete	TITL				Change	Addition
NAME STREET ADDRESS	RANKIN, DAVE 5001 NE 4TH AVE		NAM	KEET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431							
TITLE								
	VD	□ Neiste	CITY	Y-ST-ZIP	me as 10		(M) Change	Addition
NAME	VD SCOOT, TOM	☐ Delete		Y-ST-ZIP	ime as 10	mas R.	∑ Change	Addition
NAME STREET ADDRESS		☐ Delete	CITY TITL NAM	Y-ST-ZIP LE 50 ME 50	cott, Thor	nas R.	∑ Change	Addition
	scoot, том	☐ Delete	CITY TITL NAA STRI	Y-ST-ZIP LE 50 ME 50	eme as 10 20tt, Thomane as 10	nas R.	∑ Change	Addition
STREET ADDRESS	SCOOT, TOM 5001 NE 4TH AVE BOCA RATON, FL 33431 SD	☐ Delete	CITY TITL NAA STRI	Y-ST-ZIP LE SO ME SO V-ST-ZIP SO METADDRESS Y-ST-ZIP	cott, Thor	nas R,	© Change □ Change	☐ Addition☐ Addition☐
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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. 954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LORIA. 1/22/06 492-1931