
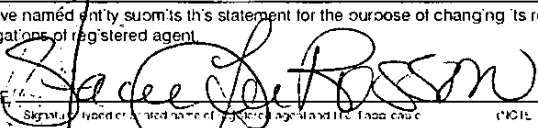
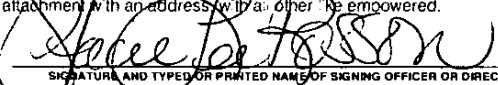


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90519 022 \*\*\*\*61.25

DOCUMENT # N03000000712					
1. Entity Name FLORIDA GOLD COAST SYNCHRONIZED SWIMMING, INC.					
Principal Place of Business 5347 BUCKHEAD CIRCLE BOCA RATON, FL 33486 US		Mailing Address 5347 BUCKHEAD CIRCLE BOCA RATON, FL 33486 US			
2. Principal Place of Business 9193 SW 20th St D Suite, Apt. #, etc.		3. Mailing Address 9193 SW 20th St. D Suite, Apt. #, etc.			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 05-0556572	
Zio 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSSOW, STACIE L 5347 BUCKHEAD CIRCLE BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name: Stacie Lee ROSSOW Street Address (P.O. Box Number, if Non-Agency): 9193 SW 20th St. D City: Boca Raton FL Zio Code: 33428		
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:  4/23/05 NOTE: Registered Agent signature required when installing.					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORNEAULT, JODY	NAME			
STREET ADDRESS	486 PEACOCK LANE S	STREET ADDRESS			
CITY ST ZIP	JUPITER, FL 33458	CITY ST ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERENGUER, DELPHINE	NAME			
STREET ADDRESS	10118 SW 77 CT	STREET ADDRESS			
CITY ST ZIP	MIAMI, FL 33156	CITY ST ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOWLING, EVELYN	NAME			
STREET ADDRESS	1878 BELL LANE	STREET ADDRESS			
CITY ST ZIP	WEST PALM BEACH, FL 33406	CITY ST ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSSOW, STACIE	NAME	Stacie Lee ROSSOW		
STREET ADDRESS	5347 BUCKHEAD CIRCLE	STREET ADDRESS	9193 SW 20th St D		
CITY ST ZIP	BOCA RATON, FL 33486	CITY ST ZIP	Boca Raton, FL 33428		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
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 a, other, he empowered.					
SIGNATURE: 		4/23/05		501 750-2689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		STACIE LEE ROSSOW			

50045479



04232005 Chg-NP CR2E037 (10/03)