2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001775

Entity Name: GOLDCOAST CHRISTIAN COLLEGE, INC.

FILED May 20, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|---|---|---|
| 470 W 33F RIVIERA E | RD ST BEACH, FL 334043038 | | |
| Current Mailing Address: | | New Mailing Address: | |
| 470 W 33F RIVIERA E | RD ST BEACH, FL 334043038 | | |
| In accordan | ice with s. 607.193(2)(b), F.S., the corporation did not receiv | | |
| | I Address of Current Registered Agent: | Name and Add | ress of New Registered Agent: |
| 470 W 33F | MARY DR RD ST BEACH, FL 334043038 US | | |
| | e named entity submits this statement for the purpos e of Florida. | e of changing its rec | gistered office or registered agent, or both, |
| SIGNATU | RE: | | |
| | Electronic Signature of Registered Agent | | Date |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CH | ANGES TO OFFICERS AND DIRECTOR |
| Title: Name: Address: City-St-Zip: | 1VP () Delete NEWBOLD, MYRTLE 4930 HAVERHILL COMMON CIR #32 WEST PALM BEACH, FL 334175969 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | B () Delete HAYES, JOHNNIE MAE 480 W 35TH ST RIVIERA BEACH, FL 334042206 | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: Address: City-St-Zip: | 2VP () Delete BROWN, ELDER LARONDA 5107 PINEWOOD AVE WEST PALM BEACH, FL 334072849 | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: Address: City-St-Zip: | P () Delete BOSTON, DR. MARY 470 W. 33RD STREET RIVIERA BEACH, FL 334043038 | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: Address: City-St-Zip: | S () Delete DONALDSON, JERALDINE 17260 127TH DRIVE JUPITER, FL 334785215 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | B () Delete HOWLETT, ALVIN 1631 NW 1ST COURT BOYNTON BEACH, FL 334352613 | Title: Name: Address: City-St-Zip: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BOSTON DR 05/20/2009