2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N04623

Entity Name: GOLD COAST TRAVEL INDUSTRY ASSOCIATES, INC.

Current Principal Place of Business:

2671 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

2671 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-2510469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAPMAN, JOANNE TREASUR
2671 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, JACK PRES	
Address:	2671 E. COMMERCIAL BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33308	
Title:	VD	( ) Delete
Name:	KARM, ANITA	
Address:	2625 MANGO CREEK LANE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	VD	( ) Delete
Name:	MELORO, ANTHONY	
Address:	8712 MAHOGANY AVENUE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	TD	( ) Delete
Name:	CHAPMAN, JOANNE	
Address:	2671 E. COMMERCIAL BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33308	
Title:	SD	( ) Delete
Name:	GOLDSTEIN, NONA	
Address:	1650 PARKSIDE CIRCLE SOUTH	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	NIX, TERESA	
Address:	535 OAKS DRIVE #101	
City-St-Zip:	POMPANO BEACH, FL 33069	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	ANTHONY, MELORO	
Address:	8712 MAHOGANY AVENUE	
City-St-Zip:	PLANTATION, FL 33324	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JOANNE CHAPMAN TREA 07/07/2008
Electronic Signature of Signing Officer or Director — Date