

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04623

FILED
Mar 24, 2009
Secretary of State

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 (X)**

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: ANTHONY, MELORO
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: WALLY, SEIGEL
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

TRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date