

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007815

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** GOLD COAST ANTHROPOLOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

2805 E. OAKLAND PARK BLVD.  
SUITE 402  
FT. LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2805 E. OAKLAND PARK BLVD.  
SUITE 402  
FT. LAUDERDALE, FL 33306

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATTS, NORLIZA  
2805 E. OAKLAND PARK BLVD.  
SUITE 402  
FT LAUDERDALE, FL 33306 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: P  
Name: FLYNN, PATRICIA K  
Address: 2805 E. OAKLAND PARK SUITE 402  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: VP  
Name: PASCUCCI, RUDOLPH F JR.  
Address: 3202 SHOMA DR  
City-St-Zip: WELLINGTON, FL 33414

Title: T  
Name: FERDINANDO, PETER  
Address: 777 NW 45TH STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: S  
Name: FEENEY, ROBERT  
Address: 2805 E. OAKLAND PARK SUITE 402  
City-St-Zip: FT. LAUDERDALE, FL 33306

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA K FLYNN

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date