

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007
Secretary of State

DOCUMENT# N07716

Entity Name: GOLD COAST VENTURE CAPITAL CLUB, INC.

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2506073 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:

Name and Address of New Registered Agent:

BATES, DAVID G
C/O GUNSTER, YOAKLEY & STEWART, P.A.
777 SOUTH FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH, FL 33401 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BATES, DAVID
Address: 777 S. FLAGLER DR. #500E
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Delete
Name: PSOINOS, GEORGE
Address: P.O. BOX 27-3281
City-St-Zip: BOCA RATON, FL 33427

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Delete
Name: WASSERMAN, ADAM
Address: P.O. BOX 27-3281
City-St-Zip: BOCA RATON, FL 33427

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Delete
Name: MCMILLEN, WILLIAM
Address: P.O. BOX 27-3281
City-St-Zip: BOCA RATON, FL 33427

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Delete
Name: PECK, ANDREW
Address: P.O. BOX 27-3281
City-St-Zip: BOCA RATON, FL 33427

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Delete
Name: HOGUE, THOMAS
Address: P.O. BOX 27-3281
City-St-Zip: BOCA RATON, FL 33427

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: DAVID BATES

PRES

07/20/2007

Electronic Signature of Signing Officer or Director

_____ Date