

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07716

FILED
Jan 09, 2010
Secretary of State

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:

P. O. BOX 27-3281
BOCA RATON, FL 334273281 US

New Mailing Address:

FEI Number: 59-2506073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, DAVID G
C/O GUNSTER, YOAKLEY & STEWART, P.A.
777 SOUTH FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH, FL 33401 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: DP
Name: BATES, DAVID
Address: 777 S. FLAGLER DR. #500E
City-St-Zip: WEST PALM BEACH, FL 33401 US

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

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

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

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

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

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: WILLIAM MCMILLEN

DEVP

01/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date