

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17096

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1650 SOUTH DIXIE HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

1650 SOUTH DIXIE HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 59-2737710      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KELLOUGH, JALANE  
1650 S DIXIE HWY  
STE 400  
BOCA RATON, FL 33432 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:** PPRE  
**Name:** HECHLER, BOB MR  
**Address:** 37 VIA VICINI  
**City-St-Zip:** RANCHO SANTA MARGARITA, CA 92668

**Title:** PRES  
**Name:** MILLER, JOSEPH MR  
**Address:** 1440 CORAL RIDGE DR #346  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** PELE  
**Name:** MINAGORRI, OFELIA MS  
**Address:** 1501 WEST COPANS RD #103  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** TREA  
**Name:** SHNIDER, BARRY  
**Address:** 1001 W. CYPRESS RD # 300  
**City-St-Zip:** FT LAUDERDALE, FL 33309

**Title:** SEC  
**Name:** TUCHLER, MAS, GARY MR  
**Address:** 4101 RAVENSWOOD RD #402  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** EXEC  
**Name:** WILSON, KELLY MS  
**Address:** 1650 S DIXIE HIGHWAY STE 400  
**City-St-Zip:** BOCA RATON, FL 33432

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: KELLY WILSON

EXEC

01/13/2011

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

\_\_\_\_\_  
Date