


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20055</b> 1. Entity Name F.O.P. GOLD COAST LODGE #49, INC.	
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Principal Place of Business 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425	Mailing Address P.O. BOX 310 BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7585480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCGOEY, MICHAEL J 639 EAST OCEAN AVE #101 BOYNTON BEACH, FL 33435
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, KELLY A 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V UNGER, WENDY 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, CARYANN 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GITTO, SUZANNE 100 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/12/07-80010-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	1/4/07	541-742-6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #