

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90203 010 \*\*\*\*70.00

**DOCUMENT # N22202**

1. Entity Name  
**EXCHANGE CLUB/DICK WEBBER CENTER FOR THE  
PREVENTION OF CHILD ABUSE FOR THE GOLD COAST,  
INC.**



Principal Place of Business  
**1903 S. CONGRESS AVE  
460  
BOYNTON BEACH, FL 33426 US**

Mailing Address  
**1903 S. CONGRESS AVE  
460  
BOYNTON BEACH, FL 33426 US**

**60000867**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0071524**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLDFADEN, GLORIA  
4645 SUGAR BEACH WAY  
WELLINGTON, FL 33467**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **GLORIA GOLDFADEN** *Gloria Goldfaden* **1.09.07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COUGHLAN, DEVON G	4800 N FEDERAL HWY	BOCA RATON, FL 33431	<input type="checkbox"/>
IPD	SADLER, IAN	2413 E ATLANTIC BLVD	POMPANO BEACH, FL 33062	<input type="checkbox"/>
VPD	MCLAUGHLIN, JANE	3011 NE 34TH ST	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>
D	LA MARCA, CHIP	2605 NE 24TH STREET	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>
TD	O'CONNOR, BOB	2650 NORTH MILITARY TRAIL, SUITE 100	BOCA RATON, FL 33431	<input type="checkbox"/>
S	AUGEN, TAMI	1436 ISLAND SHORES DR	WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY	THOMAS THAYER	899 EMERALD ST	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
VP	LARRY CRISMOND	4110 NE 30TH AVE	LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/>
<del>D</del>	<del>CHIP LA MARCA</del>	<del>2605 NE 24TH ST</del>	<del>LIGHTHOUSE POINT FL 33064</del>	<input checked="" type="checkbox"/> Delete
D	C. LYNN DICK	JFK MEDICAL CENTER	500 S. CONGRESS AVE, ATLANTA FL 33462	<input checked="" type="checkbox"/>
D	VICKI ABERNATHY	2413 E ATLANTIC BLVD	POMPANO BEACH FL 33064	<input checked="" type="checkbox"/>
D	AUGEN, TAMI	1436 ISLAND SHORES DR.	WEST PALM BEACH FL 33413	<input checked="" type="checkbox"/>

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: *Gloria Goldfaden* **1.09.07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #