


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90070 003 ****61.25

| | | |
|---|---|---|
| DOCUMENT # N28761 | |  |
| 1. Entity Name GOLD COAST CHRISTIAN CATHEDRAL, INC. | | |
| Principal Place of Business %S. HOWARD REED 2424 N FEDERAL HWY, #200 BOCA RATON, FL 33431 US | Mailing Address %S. HOWARD REED 2424 N FEDERAL HWY, #200 BOCA RATON, FL 33431 US | |



01092004 No Chg-NP CR2E037 (10/03)

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| | |
|--|-------------------------------|
| 4. FEI Number 65-0077708 | 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

REED, S. HOWARD
2424 N FEDERAL HWY
#200
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | CROFT, JAMES |
| STREET ADDRESS | 8942 SONOMA LAKE BLVD |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | D |
| NAME | CROFT, PRUDENCE |
| STREET ADDRESS | 8942 SONOMA LAKE BLVD |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | D |
| NAME | ROBERT BYERS |
| STREET ADDRESS | 4121 NE 17TH TERR |
| CITY-ST-ZIP | POMPANO BCH, FL 33064 |
| TITLE | D |
| NAME | Frank Marciano |
| STREET ADDRESS | 11744 Bayfield Dr. |
| CITY-ST-ZIP | Boca Raton, Fl. 33498 |
| TITLE | D |
| NAME | John Scott Thompson |
| STREET ADDRESS | 7300 Texas Trail |
| CITY-ST-ZIP | Boca Raton, Fl. 33487 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Prudence Croft Prudence Croft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 561-852-2155

Date Daytime Phone #