2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

ANNUAL REPURI				Se	Secretary of State		
DOCUMENT # N28761				ſ	-19-2006 90103 006 ****6		
1. Entity Name GOLD COAST CHRISTIAN CATHEDRAL, INC.							
Principal Plac %S. HOWARI	e of Business D RFFD	Mailing Address %S. HOWARD REED					
2424 N FEDERAL HWY, #200 BOCA RATON, FL 33431 US		2424 N FEDERAL HWY, #200 Boca Raton, Fl 33431 US					
DOWN KATON	V, (L 33431 D3	DOCA RATON, IL 33431	03				
2. Principal Place of Business 6751 N Federal Hwy.		3. Mailing Address 6751 N Federal Hwy.			1811 1881 8 1181 1181 8181 8181 8181 8		
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201		03222006 CH	ng-NP CR2E037 (11/05)		
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-007770	.0	Applied For Not Applicable	
Zip 33487	Country US	Zip 33487	Country US	5. Certificate of St	atus Desired		
Name and Address of Current Registered Agent			1,,	7. Name and Address of New Registered Agent			
REED, S. HOWARD			Name Randall H. Reed, CPA Street Address (P.O. Box Number is Not Acceptable)				
2424 N FEDERAL HWY #200			Jileet Addi	Street Address (F.O. BOX Number is Not Acceptable)			
BOCA RATON, FL 33431				6751 N Federal Hwy., Suite 201			
			City Boo	City Boca Raton FL Zip Code 33487			
	e named entity submits this statement for tions of registe red age nt.	the purpose of changing its re	gistered office or re	gistered agent, or both, in			
	n Ard M		11 5	\supset			
SIGNATURE	Signature, typed of printed name of registered agent as	d title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	4.3.06 DATE		
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS		
TITLE NAME	D CROFT, JAMES	☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS	8942 SONOMA LAKE BLVD		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33434	para .	CITY-ST-ZIP				
TITLE NAME	D CROFT, PRUDENCE	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	8942 SONOMA LAKE BLVD		STREET ADDRESS				
CITY-ST-ZIP							
TITLE	BOCA RATON, FL 33434	П	CITY-ST-ZIP			- Addition	
NAME	D ROBERT BYERS	. Delete	CITY-ST-ZIP TITLE NAME		☐ Change	Addition	
NAME STREET ADDRESS	D ROBERT BYERS 4121 NE 17TH TERR	, Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT BYERS 4121 NE 17TH TERR POMPANO BCH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS	D ROBERT BYERS 4121 NE 17TH TERR	Delete	TITLE NAME STREET ADDRESS		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ROBERT BYERS 4121 NE 17TH TERR POMPANO BCH, FL 33064 D THOMPSON, JOHN S 11744 BAYFIELD DR.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT BYERS 4121 NE 17TH TERR POMPANO BCH, FL 33064 D THOMPSON, JOHN S	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ROBERT BYERS 4121 NE 17TH TERR POMPANO BCH, FL 33064 D THOMPSON, JOHN S 11744 BAYFIELD DR.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ROBERT BYERS 4121 NE 17TH TERR POMPANO BCH, FL 33064 D THOMPSON, JOHN S 11744 BAYFIELD DR.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	
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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Prudence Crost Prudence C 20F7 4/17/06 561-852-25