

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90062 010 \*\*\*\*61.25

**DOCUMENT # N28761**

1. Entity Name

**GOLD COAST CHRISTIAN CATHEDRAL, INC.**



Principal Place of Business

**6751 N FED HWY  
STE 201**

**BOCA RATON, FL 33487 US**

Mailing Address

**6751 N FED HWY  
STE 201**

**BOCA RATON, FL 33487 US**

40020000



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0077708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REED, RANDALL H CPA  
6751 N FED HWY STE 201  
BOCA RATON, FL 33487**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CROFT, JAMES  
8942 SONOMA LAKE BLVD  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CROFT, PRUDENCE  
8942 SONOMA LAKE BLVD  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBERT BYERS  
4121 NE 17TH TERR  
POMPANO BCH, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Frank Marciano  
11744 Bayfield Dr.  
Boca Raton, FL 33498**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Prudence CROFT** *Prudence Croft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.9.07**

Date

**561-852-2155**

Daytime Phone #