

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90205 037 ****61.25

DOCUMENT # N32050 1. Entity Name GOLD COAST EXECUTIVE NETWORK, INC.					
Principal Place of Business 1040 BAYVIEW DR #600 FT. LAUDERDALE, FL 33304 US			Mailing Address 1040 BAYVIEW DR #600 FT. LAUDERDALE, FL 33304 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASORIA, S M III 1040 BAYVIEW DR. FT. LAUDERDALE, FL 33304			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 _____ 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, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, ROBERT A ☐ Delete 2611 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition Case, Robert A. 2611 E. Oakland Park Blvd. Ft. Laud., FL 33306 Chairman of the Board ☒ Change ☐ Addition Hardesty, Gary 9715 W. Broward Blvd., #252 Plantation, FL 33324 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete HARDESTY, GARY 9715 W BROWARD BLVD, #252 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ☒ Change ☐ Addition Serra, Kim 1100 S. E. 3rd Avenue Ft. Lauderdale, FL 33316 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FIKE, C M 1401 W. CYPRESS CREEK RD. FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☐ Addition Casoria, S. M. 1040 Bayview Drive, #600 Ft. Lauderdale, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ Delete SERRA, KIM 1100 SE THIRD AVENUE FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☐ Addition Casoria, S. M. 1040 Bayview Drive, #600 Ft. Lauderdale, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Delete BALTER, MIKE 1040 BAYVIEW DR #600 FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☐ Addition Casoria, S. M. 1040 Bayview Drive, #600 Ft. Lauderdale, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Delete CASORIA, JANIE 1040 BAYVIEW DR #600 FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☐ Addition Casoria, S. M. 1040 Bayview Drive, #600 Ft. Lauderdale, FL 33304	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. M. Casoria, III, Vice President			Date: 4/22/04 Daytime Phone #: 954-564-4600		