


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N39122		
1. Entity Name GOLD COAST CHRISTIAN MINISTRIES, INC.		
Principal Place of Business 10304 S.W. 87TH COURT MIAMI, FL 33176 US	Mailing Address % JOHN ALESSI 10304 S.W. 87TH COURT MIAMI, FL 33176	



04252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALESSI, JOHN REV. 10304 S.W. 87TH COURT MIAMI, FL 33176

**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	P ALESSI, JOHN 10304 S.W. 87TH COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALESSI, ANNIE L. 10304 S.W. 87TH CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALESSI, J. STEPHEN 16435 S.W. 88TH AVE. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREHEAD, RICHARD 8100 SW 104 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESSI, PAUL 8100 SW 104 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, DARLENE 10304 S.W. 87TH COURT MIAMI, FL 33156

U00000739059
05/14/07-80008-025 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07 305-778-7036