


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90008 028 ****61.25

0042201

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N45160

1. Corporation Name

GOLD COAST ARCHERS, INC.

Principal Place of Business

12350 59TH ST N
 ROYAL PALM BCH FL 33411
 US

Mailing Address

12350 59TH ST N
 ROYAL PALM BCH FL 33411
 US



2. Principal Place of Business

21 12350 59th St. N.

Suite, Apt. #, etc.

22 City & State

23 Royal Palm Bch, FL.

24 33411

25 Palm Beach

2a. Mailing Address

26 12350 59th St. N.

Suite, Apt. #, etc.

27 City & State

28 Royal Palm Beach, FL.

29 33411

30 Palm Beach

3. Date Incorporated or Qualified

09/16/1991

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUNLAP, DONALD
 12350 59TH ST N
 ROYAL PALM BCH FL 33411

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donald Dunlap*

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

(NOTE: Registered Agent signature required when reinstating)

2/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D.
 MINTON, JO-ANN
 STREET ADDRESS 4476 47TH AVENUE SOUTH
 CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME D.
 DUNLAP, DON
 STREET ADDRESS 826 ASPEN ROAD
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME D.
 MINTON, RICK
 STREET ADDRESS 4476 47TH AVE SOUTH
 CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME D.
 TUREK, SIDNEY
 STREET ADDRESS 3863 BLACK FOREST CIRCLE
 CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Dunlap

2/15/99

561/795-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)