

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 045 ****70.00

DOCUMENT # N45160

1. Entity Name

GOLD COAST ARCHERS, INC.



Principal Place of Business

C/O 128 LONGFELLOW DR
LAKE WORTH FL 33461
US

Mailing Address

C/O 128 LONGFELLOW DR
LAKE WORTH FL 33461
US

54011484



MOORE CR2E037 (11/03)

2. Principal Place of Business

C/O 773 Belmont Dr

3. Mailing Address

773 Belmont Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

W.P.B. FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOREY, RICK J
128 LONGFELLOW DR
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name HENRY SHAW

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

773 BELMONT DR

City West Palm Bch. FL Zip Code 33415

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

Henry L Shaw

HENRY SHAW

2-17-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOREY, RICK	
STREET ADDRESS	128 LONGFELLOW DR.	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, JOE	
STREET ADDRESS	9311 SUNPOINT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHAW, GEANINE	
STREET ADDRESS	773 BELMOTT DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SITES, LARRY	
STREET ADDRESS	1525 17TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUREK, SIDNEY	
STREET ADDRESS	3863 BLACK FOREST CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY SHAW	
STREET ADDRESS	773 BELMONT DR	
CITY-ST-ZIP	WPB FL 33415	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY SITES	
STREET ADDRESS	1525 17th AVE North	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GARY RICE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2458 OKLAHOMA ST	
STREET ADDRESS	WPB FL 33415	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Henry L Shaw

HENRY SHAW

2-17-04

561-791-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #