

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90008 012 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000082

1. Corporation Name
GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, I NC.

Principal Place of Business % RECREATION THERAPY DEPARTMENT - 001R 1201 N.W. 16TH STREET MIAMI FL 33125 US	Mailing Address % RECREATION THERAPY DEPARTMENT - 001R 1201 N.W. 16TH STREET MIAMI FL 33125 US
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2. Principal Place of Business 21 % GCTRA President	2a. Mailing Address 26 % GCTRA President	3. Date Incorporated or Qualified 10/28/1992
22 Suite, Apt. #, etc. 15595 SW 77TH Terrace #24	27 Suite, Apt. #, etc. 15595 SW 77TH Terrace #24	4. FEI Number 65-0241887
23 City & State Miami, FL	28 City & State Miami, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33193	29 Zip 33193	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PROW, MARSHA 2496 NW 87TH LANE SUNRISE FL 33322	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
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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 *Marsha Prow* DATE **8/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMEO, KATHY		1.2 NAME Camacho, Alex	
STREET ADDRESS 4737 WEYMOUTH STREET		1.3 STREET ADDRESS 15595 SW 77th Terrace #24	
CITY-ST-ZIP LAKE WORTH FL 33463		1.4 CITY-ST-ZIP Miami, FL 33193	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROW, MARSHA		2.2 NAME	
STREET ADDRESS 2496 N.W. 87TH LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33322		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDENBERG, RACHAEL		3.2 NAME Katz, Robyn	
STREET ADDRESS 8700 S.W. 133 AVENUE RD., #206		3.3 STREET ADDRESS 8200 Clearview Boulevard #2015	
CITY-ST-ZIP MIAMI FL 33183		3.4 CITY-ST-ZIP Plantation, FL 33324	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMIREZ, NELSON		4.2 NAME	
STREET ADDRESS 13872 S.W. 285 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD FL 33033		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Marsha Prow* DATE **8/15/99** DAYTIME PHONE # **954-742-8186**

CR2E037 (5/99)