
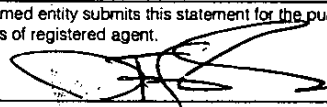


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90354 015 ****61.25

DOCUMENT # N92000000082 1. Entity Name GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, INC.					
Principal Place of Business 3020 SW 3 STREET FORT LAUDERDALE, FL 33312 US			Mailing Address 3020 SW 3 STREET FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0241887			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			7. Name and Address of New Registered Agent		
POLANCO, ARIADNE 3020 SW 3 STREET FORT LAUDERDALE, FL 33312			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; align-items: center;"> <div style="flex: 1;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="flex: 2; text-align: center;"> <p>Ariadne French <i>same agent as above, with change of last name 4-6-06</i></p> </div> <div style="flex: 1; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLANCO, ARIADNE		NAME	Ariadne French	
STREET ADDRESS	3020 SW 3 STREET		STREET ADDRESS	3020 SW 3 Street	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LISA		NAME	Timothy Fosselman	
STREET ADDRESS	14809 SW 140 PLACE		STREET ADDRESS	1201 NW 16th St.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33125	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, TABITHA		NAME	Rebecca Williams	
STREET ADDRESS	21694 SW 98 PL		STREET ADDRESS	3271 Coral Springs Dr.	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lorraine Skalberg	
STREET ADDRESS			STREET ADDRESS	151 SW 159 Way	
CITY-ST-ZIP			CITY-ST-ZIP	Sunrise, FL 33326	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Rebecca Williams <i>Rebecca Williams</i> 4-6-06 954557-8988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					