

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90032 018 ****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 - No P.O. Box # Lorraine Skalberg Suite, Apt. #, etc. 151 S.W. 159th Way		3. Mailing Address 151 SW 159th Way Suite, Apt. #, etc. City & State SUNRISE FL Zip 33326 Country USA	
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 POLANCO, ARIADNE 3020 SW 3 STREET FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Lorraine Skalberg Street Address (P.O. Box Number is Not Acceptable) 151 SW 159th Way City SUNRISE FL Zip Code 33326	
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 <u>Lorraine Skalberg</u> LORRAINE SKALBERG		DATE 4/07/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P FFRENCH, ARIADNE <input checked="" type="checkbox"/> Delete 3020 SW 3 STREET FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSSELMAN, TIMOTHY <input type="checkbox"/> Delete 1201 NW 16TH ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, REBECCA <input type="checkbox"/> Delete 3271 CORAL SPRINGS DR CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Williams, Rebecca 2873 N.W. 91st Ave. Apt. 102 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKALBERG, LORRAINE <input type="checkbox"/> Delete 151 SW 159 WAY SUNRISE, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SKALBERG, Lorraine 151 SW 159th Way SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Rebecca Williams</u> Rebecca Williams		DATE 4-6-07 954-340031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lorraine Skalberg LORRAINE SKALBERG		DATE 4/07/07 954-217-4035	