

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N92000000082

1. Entity Name
**GOLD COAST THERAPEUTIC RECREATION
ASSOCIATION, INC.**



Principal Place of Business
**LORRAINE SKALBERG
151 SW 159TH WAY
SUNRISE, FL 33326 US**

Mailing Address
**LORRAINE SKALBERG
151 SW 159TH WAY
SUNRISE, FL 33326 US**

DO NOT WRITE IN THIS SPACE



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0241887

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POLANCO, ARIADNE
151 SW 159TH WAY
SUNRISE, FL 33326**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000896564

04/25/08 83812 825 81.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FOSSELMAN, TIMOTHY
1201 NW 16TH ST
MIAMI, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILLIAMS, REBECCA
2873 NW 91ST AVE APT 102
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SKALBERG, LORRAINE
151 SW 159 WAY
SUNRISE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rebecca Williams

4-11-08 954) 5578988

Date

Daytime Phone #