

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90414 015 ****61.25

DOCUMENT # N97000001480

1. Entity Name

GOLD COAST IMPACT COMMUNITY DEVELOPMENT, INC.



Principal Place of Business

**216 SW 2 COURT
DEERFIELD BEACH FL 33441**

Mailing Address

**216 SW 2 COURT
DEERFIELD BEACH FL 33441**

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 **65-0736002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOWLES, NATHANIEL B
216 SW 2 COURT
DEERFIELD BEACH FL 33441**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Delete
NAME	KNOWLES, NATHANIEL B	
STREET ADDRESS	690 SW 12 COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNOWLES, LINDA P	
STREET ADDRESS	690 SW 12 COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAHMING, BRENDA J	
STREET ADDRESS	1351 S W 10 TERR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, GAIL J	
STREET ADDRESS	347 SW 30TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCHEMRY, QUEEN O	
STREET ADDRESS	2581 NW 12TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	C	<input type="checkbox"/> Delete
NAME	POITIER, DWIGHT	
STREET ADDRESS	816 NE 52 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

NATHANIEL B KNOWLES

4/17/03

954-428-0807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)