

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90090 007 ****61.25

DOCUMENT # N97000002364

1. Corporation Name

GOLD COAST COMMUNITY SERVICES, INC.

Principal Place of Business

1123 CRESTWOOD BLVD
2ND FLOOR
LAKE WORTH FL 33460
US

Mailing Address

1123 CRESTWOOD BLVD
2ND FLOOR
LAKE WORTH FL 33460
US



2. Principal Place of Business

21 1123 Crestwood Blvd

Suite, Apt. #, etc.

22 1st Floor

City & State

23 Lake Worth, FL

Zip

24 33460

Country

25 USA

2a. Mailing Address

26 P.O. Box 871

Suite, Apt. #, etc.

27

City & State

28 Lake Worth, FL

Zip

29 33460

Country

30 USA

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0750531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, R. GREG
215 5TH STREET
SUITE 200
WEST PALM BEACH FL 33401

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COTTON, WAYNE W
STREET ADDRESS C/O 309 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☐ DELETE

NAME SMITH, R. GREG
STREET ADDRESS C/O 309 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☐ DELETE

NAME O'KEEFE, JEFFREY A
STREET ADDRESS C/O 309 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 17/D ☒ Change ☐ Addition

1.2 NAME COTTON, WAYNE W
1.3 STREET ADDRESS 40 1123 Crestwood Blvd
1.4 CITY-ST-ZIP LAKE WORTH, FL 33460

2.1 TITLE 17/D ☒ Change ☐ Addition

2.2 NAME SMITH, R. GREG
2.3 STREET ADDRESS 40 1123 CRESTWOOD BLVD
2.4 CITY-ST-ZIP LAKE WORTH, FL 33460

3.1 TITLE 17/D ☒ Change ☐ Addition

3.2 NAME O'KEEFE, JEFFREY A
3.3 STREET ADDRESS 40 1123 CRESTWOOD BLVD
3.4 CITY-ST-ZIP LAKE WORTH, FL 33460

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(361) 659-3060

CR2E037 (1/98)