


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

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90330 049 \*\*\*\*61.25

**DOCUMENT # N97000002364**

1. Entity Name  
**GOLD COAST COMMUNITY SERVICES, INC.**



Principal Place of Business  
1123 CRESTWOOD BLVD  
1ST FLR  
LAKE WORTH, FL 33460 US

Mailing Address  
P O BOX 871  
LAKE WORTH, FL 33460 US

10109901

2. Principal Place of Business  
4723 W Atlantic Ave.  
Suite, Apt. #, etc.  
A14  
City & State  
Delray Beach FL  
Zip  
33445 Country  
Palm Beach

3. Mailing Address  
4723 W Atlantic Ave.  
Suite, Apt. #, etc.  
A14  
City & State  
Delray Beach FL  
Zip  
33445 Country  
Palm Beach



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
LUCAS, JOHN  
800 FAIRWAY DR 3370  
DEERFIELD BEACH, FL 33441

4. FEI Number  
65-0750531

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)

8. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWALTNEY, DONNA 14852 69 DR N PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JOSEPH 1086 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, CAROL 4573 MEADOWLARK LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDTKE, THEODORE 146 ATLANTIS BLVD APT 407 ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIVINGTON, JACKIE 1146 BREAKERS NEST BLVD WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, MARILYN 606 NW 10 CT BOCA RATON, FL 33486	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD Lucas, John 800 Fairway Dr #370 Deerfield Beach FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cotton, Wayne 3001 NE 27 Ave Lighthouse Point FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Beeson, Melanie 6126 Woodcreek Ct Jupiter FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chapman, Gary 33 SE 7th St Ste A Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brewer, James 1800 Bacon Point Rd Pahokee FL 33476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: John Lucas John Lucas, Treasurer 7/11/03 (954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

CR20037 (10/02)