


**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)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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