


**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)