## 2005 NOT-FOR-PROFIT CORPORATION **FILED** ANNUAL REPORT May 04, 2005 08:00 AM Secretary of State DOCUMENT # N97000002547 THE GOLD COAST WINE SOCIETY, INC. Principal Place of Business Mailing Address 2503 BACCARAT DRIVE 127 HILLSIDE DRIVE HOLLYWOOD, FL 33026 BURLINGTON, NC 27215 05012005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0749425 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUBBLEFIELD, JOHN R DO NOT WRITE 2503 BACCARAT DRIVE HOLLYWOOD, FL 33026 IN THIS SPACE 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 1 applicable (NOTE Registered Agent signature required when reinstating) DATE

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Filing Fee is \$61.25

Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME STRUBBLEFIELD, JOHN R STREET ADDRESS 2503 BACCARAT DR CITY - ST - ZIP HOLLYWOOD, FL 33026 D NALIF BARRON, LINDA M STREET ADDRESS 10211 PINES BLVD APT 202 CITY-ST-ZIP PEMBROKE PINES, FL 33026 TITLE n MAME CARROLL, JIM STREET ADDRESS 6800 CYPRESS RD APT 517 CITY ST ZIP PLANTATION, FL 33317 TITLE NAME STREET ADDRESS CITY ST ZIP MAJAE STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS

U00000362291 05/05/05-80111-020 61.25

Applied For

Not Applicable

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this lifting 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR