


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90184 009 \*\*\*\*61.25

**DOCUMENT # N98000004323**

1. Entity Name  
**GOLD COAST JUNIOR GOLF FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**C/O SAWYER & LATIMER, P.A.**      **C/O SAWYER & LATIMER, P.A.**  
**6550 NORTH FEDERAL HIGHWAY, SUITE 330**      **6550 NORTH FEDERAL HIGHWAY, SUITE 330**  
**FORT LAUDERDALE, FL 33308**      **FORT LAUDERDALE, FL 33308**

**40002168**



01082007 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0861322</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**AMORIELLO, PAULA S**  
**11023 NW 54TH CT.**  
**CORAL SPRINGS, FL 33071**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMORIELLO, PAULA 11073 NW 54TH CT CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCKINNEY, WAYNE 419 NW 13TH DRIVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LATIMER, ALFRED L 6550 N. FEDERAL HWY #220 FT LAUDERDALE, FL 337-F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEINBERG, ALAN 4083 TRENTON DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** Alfred L. Latimer      1/8/07      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALFRED L. LATIMER**