

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90284 028 ****61.25

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|---|--------------------------|--|---|--|--|
| DOCUMENT # N98000006616 1. Entity Name GOLD COAST GUNSLINGERS COWBOY ACTION SHOOTING CLUB, INC. | | | | | |
| Principal Place of Business PO BOX 278994 MIRAMAR, FL 33027 | | | Mailing Address PO BOX 278994 MIRAMAR, FL 33027 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LOWENSTEIN, ESQ, HENRY A 617 W 46 ST MIAMI BEACH, FL 33140 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PUCHALSKI, JOHN | | NAME | | |
| STREET ADDRESS | 12921 SW 149 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAJOR, JOHN | | NAME | | |
| STREET ADDRESS | 19150 SW 12 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33029 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WOODBURN, DEL JR. | | NAME | | |
| STREET ADDRESS | 11425 SW 114 CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | SO JANICE RILEY | |
| STREET ADDRESS | | | STREET ADDRESS | 7131 BUCHANAN ST. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | HOLLYWOOD, FL 33024 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | DOUGLAS CRONE | |
| STREET ADDRESS | | | STREET ADDRESS | 5323 NW 188th STREET | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MIAMI FL 33055 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>Janice Riley</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| | | | JANICE RILEY, SECRETARY | | |
| | | | Date 04-21-05 Daytime Phone # 954-963-4505 | | |