

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 007 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0889458				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWENSTEIN, ESQ, HENRY A 617 W 46 ST MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 TD	NAME LAPRADE, ANNETTE	<input checked="" type="checkbox"/> Delete	TITLE P	NAME JOHN PUCHALSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5751 NW 46 DRIVE	STREET ADDRESS 12921 S.W. 149 ST				
CITY - ST - ZIP CERAL SPRINGS, FL 33067	CITY - ST - ZIP MIAMI FL 33186				
TITLE D	NAME MANN, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE V	NAME JOHN MAJOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5561 SW 114 AVE	STREET ADDRESS 19150 S.W. 12 ST				
CITY - ST - ZIP COOPER CITY, FL 33330	CITY - ST - ZIP PEMBROKE PINES FL 33029				
TITLE D	NAME CRONE, DOUGLAS	<input checked="" type="checkbox"/> Delete	TITLE T	NAME PATRICIA GALLAGHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5323 NW 188TH STREET	STREET ADDRESS 695 W. 70 PLACE				
CITY - ST - ZIP MIAMI, FL 33055	CITY - ST - ZIP HIALEAH FL 33014				
TITLE SD	NAME RILEY, JANICE	<input type="checkbox"/> Delete	TITLE D	NAME RICHARD GALLAGHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7131 BUCHANAN STREET	STREET ADDRESS 695 W. 70 PLACE				
CITY - ST - ZIP HOLLYWOOD, FL 33024	CITY - ST - ZIP HIALEAH FL 33014				
TITLE D	NAME RICHARD GALLAGHER	<input type="checkbox"/> Delete	TITLE D	NAME DENNIS RILEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 695 W. 70 PLACE	STREET ADDRESS 7131 BUCHANAN ST				
CITY - ST - ZIP HIALEAH FL 33014	CITY - ST - ZIP HOLLYWOOD FL 33024				
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 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>			JANICE RILEY, SECRETARY JOHN PUCHALSKI, PRES.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 04.18.07 Daytime Phone #: 954-963-4505		