

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 043 ****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		4. FEI Number 65-0889458	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	P PUCHALSKI, JOHN 12921 S.W. 149 ST MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAJOR, JOHN 19150 S.W. 12 ST PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIDA M. JASAITIS 1759 N.E. 90th PL #601 POMPANO BEACH FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLAGHER, PATRICIA 695 W. 70 PLACE HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHARLES V WILLIAMS 99 N.E. 17 CT FT LAUDERDALE FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RILEY, JANICE 7131 BUCHANAN STREET HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, RICHARD 695 W. 70 PLACE HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUY ROCK 432 N.E. 21 CT WILTON MANORS FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, DENNIS 7131 BUCHANAN ST HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			John Puchalski		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/18/2008 Daytime Phone #		