

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006616

FILED
Apr 03, 2009
Secretary of State

Entity Name: GOLD COAST GUNSLINGERS COWBOY ACTION SHOOTING CLUB, INC.

Current Principal Place of Business:

PO BOX 278994
MIRAMAR, FL 33027

New Principal Place of Business:

12921 S.W. 149 STREET
MIAMI, FL 33186

Current Mailing Address:

PO BOX 278994
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0889458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWENSTEIN, ESQ, HENRY A
617 W 46 ST
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUCHALSKI, JOHN
Address: 12921 S.W. 149 ST
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: JASAITIS, VIDA M
Address: 1759 NE 90TH PL #601
City-St-Zip: POMPANO BEACH, FL 33064

Title: T () Delete
Name: WILLIAMS, CHARLES V
Address: 99 NE 17 CT
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD () Delete
Name: RILEY, JANICE
Address: 7131 BUCHANAN STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: ROCK, GUY
Address: 432 NE 21 CT
City-St-Zip: WILTON MANORS, FL 33305

Title: D () Delete
Name: RILEY, DENNIS
Address: 7131 BUCHANAN ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GALLAGHER, PATRICIA
Address: 695 W. 70TH PLACE
City-St-Zip: HIALEAH, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE RILEY

SD

04/03/2009

Electronic Signature of Signing Officer or Director

Date