2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000998

1. Entity Name
GOLD QUEST, INC.

Principal Place of Business	Mailing Address
1888 77TH AVE. N. ST. PETERSBURG, FL 33702	1888 77TH AVE. N. ST. PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

03172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3570563
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. *Name and Address of Current Registered Agent*

MERWIN, KIMBERLY
5898 12TH WAY NORTH
SAINT PETERSBURG, FL 33703

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000158306
05/07/04-80016-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERKILE, WILLIAM
STREET ADDRESS	1888 77 AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	PD
NAME	TAVAGLIONE, JOHN
STREET ADDRESS	3235 10TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	SD
NAME	BENNETT, KELLIE
STREET ADDRESS	1012 45TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #