


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

02-27-2004 90015 006 ****61.25

DOCUMENT # N99000007605	
1. Entity Name GOLD COAST CHAPTER AMERICAN BACKFLOW PREVENTION ASSOCIATION, INC.	

Principal Place of Business 1045 CHARLOTTE AVENUE WEST PALM BEACH FL 33402	Mailing Address POST OFFICE BOX 3506 WEST PALM BEACH FL 33402-3506
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66418760

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-1110595		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 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, MIKE 1045 CHARLOTTE AVENUE WEST PALM BEACH FL 33402	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK DOWNS 1045 CHARLOTTE AV W PALM BCH FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIRKAPTRICK, TJ 1045 CHARLOTTE AVENUE WEST PALM BEACH FL 33402	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOOL'Y, D W 1045 CHARLOTTE AVENUE WEST PALM BEACH FL 33402	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D'ARIES, SUSAN D 1045 CHARLOTTE AVENUE WEST PALM BEACH FL 33402	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, JEFF 1045 CHARLOTTE AVE WEST PALM BEACH FL 33402	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARIN LAJOIE 1045 CHARLOTTE AV WEST PALM BCH FL 33412	TITLE NAME STREET ADDRESS 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:  **TREASURER** 4/29/03 561-659-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #