
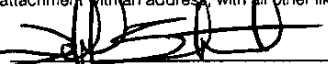


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90042 013 \*\*\*\*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	
2. Principal Place of Business <b>1009 BANYAN BLVD</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH, FL</b>		City & State	
Zip <b>33401</b>	Country	Zip	Country
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		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	
T WILLIAMS, MIKE 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL <del>33402</del>	<input checked="" type="checkbox"/> Delete	D MORRIS BELLAMY 1009 BANYAN BLVD WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DOWNS, JACK 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL <del>33402</del> <b>33401</b>	<input type="checkbox"/> Delete	D TJ KIRKPATRICK 1009 BANYAN BLVD WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD SCHOOLEY, D W 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL <del>33402</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
SD D'ARIES, SUSAN D 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL <del>33402</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
T STEWART, JEFF 1045 CHARLOTTE AVE WEST PALM BEACH, FL <del>33402</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
VP LAJOIE, DARIN 1045 CHARLOTTE VE WEST PALM BEACH, FL <del>33402</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  JEFF STEWART		Date: <b>3/11/05</b> Daytime Phone #: <b>561-822-2242</b>	