

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-16-2005 90042 013 \*\*\*\*61.25

<b>DOCUMENT # N99000007605</b>					
<b>1. Entity Name</b> GOLD COAST CHAPTER AMERICAN BACKFLOW PREVENTION ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL 33402			<b>Mailing Address</b> POST OFFICE BOX 3506 WEST PALM BEACH, FL 33402-3506		
<b>2. Principal Place of Business</b> 1009 BANYAN BLVD		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WEST PALM BEACH, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1110595	
<b>Zip</b> 33401		<b>Country</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03112005 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> WILLIAMS, MIKE 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL 33402 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MORRIS BELLAMY 1009 BANYAN BLVD WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DOWNS, JACK 1045 CHARLOTTE AVENUE 1009 BANYAN BLVD WEST PALM BEACH, FL 33402 33401 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TJ KIRKPATRICK 1009 BANYAN BLVD WEST PALM BEACH FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> SCHOOLEY, D W 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 BANYAN BLVD WEST PALM BEACH, FL 33401	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> D'ARIES, SUSAN D 1045 CHARLOTTE AVENUE WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 BANYAN BLVD WEST PALM BEACH FL 33401	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> STEWART, JEFF 1045 CHARLOTTE AVE WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 BANYAN BLVD WEST PALM BEACH FL 33401	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> LAJOIE, DARIN 1045 CHARLOTTE VE WEST PALM BEACH, FL 33402 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1009 BANYAN BLVD WEST PALM BEACH FL 33401	
<b>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.</b>					
<b>SIGNATURE:</b>			<b>JEFF STEWART</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/11/05</b> Daytime Phone # <b>561-822-2242</b>		