

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007605**

1. Entity Name  
**GOLD COAST CHAPTER AMERICAN BACKFLOW PREVENTION ASSOCIATION, INC.**



Principal Place of Business  
**1009 BANYAN BLVD**  
**WEST PALM BEACH, FL 33401**

Mailing Address  
**POST OFFICE BOX 3506**  
**WEST PALM BEACH, FL 33402-3506**

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1110595** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES, FL 33134**

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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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

**U00000956325**  
**07/25/08-80003-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMY, MORRIS 1009 BANYAN BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, JACK 1009 BANYAN BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOOLEY, D W 1009 BANYAN BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, JEFF 1009 BANYAN BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, JEFF 1009 BANYAN BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAJOIE, DARIN 1009 BANYAN BLVD WEST PALM BEACH, FL 33401

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: D W Schooley - D W Schooley - PRES 7/22/08 561-822-2240  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #