


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007605 1. Entity Name GOLD COAST CHAPTER AMERICAN BACKFLOW PREVENTION ASSOCIATION, INC.	
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Principal Place of Business 1009 BANYAN BLVD WEST PALM BEACH, FL 33401	Mailing Address POST OFFICE BOX 3506 WEST PALM BEACH, FL 33402-3506
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000956325 07/25/08-80003-014 61.25
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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

**DO NOT WRITE
IN THIS SPACE**

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 #

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



07092008 No Chg-NP CR2E037 (4/06)

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