

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007605

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

1009 BANYAN BLVD
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3506
WEST PALM BEACH, FL 334023506

New Mailing Address:

FEI Number: 65-1110595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELLAMY, MORRIS
Address: 1009 BANYAN BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DOWNS, JACK
Address: 1009 BANYAN BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: SCHOOLEY, D W
Address: 1009 BANYAN BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: STEWART, JEFF
Address: 1009 BANYAN BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: STEWART, JEFF
Address: 1009 BANYAN BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: LAJOIE, DARIN
Address: 1009 BANYAN BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF STEWART

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date