

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17096

**Entity Name:** GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC.**Current Principal Place of Business:**16145 US HIGHWAY 441  
DELRAY BEACH, FL 33446**Current Mailing Address:**PO BOX 2328  
SHELBYVILLE, TN 37162 US**FEI Number: 59-2737710****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAZARUS, STEVEN  
16145 US HIGHWAY 441  
DELRAY BEACH, FL 33446 US*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**Officer/Director Detail :**

Title	PAST PRESIDENT
Name	KALINSKY, JEAN
Address	4101 RAVENSWOOD RD., #308
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	TREASURER
Name	GLOVER, LYNN
Address	7200 NW 2ND AVE., #117
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	DEVINNEY, DEBBIE
Address	1801 GREEN ROAD
City-State-Zip:	POMPANO BEACH FL 33064

Title	PRESIDENT
Name	LAZARUS, STEVEN
Address	16145 US HIGHWAY 441
City-State-Zip:	DELRAY BEACH FL 33446

Title	EXECUTIVE DIRECTOR
Name	FARRAR, MARK
Address	P.O. BOX 2328
City-State-Zip:	SHELBYVILLE TN 37162

Title	SECRETARY
Name	ANDERSON, TANESHA
Address	6299 NW 27TH WAY
City-State-Zip:	FORT LAUDERDALE FL 33309

*I hereby 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 all other like empowered.*

**SIGNATURE: LYNN GLOVER****TREASURER****02/12/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date