## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

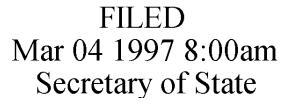
719233

(9)

## THE GOLD COAST CHAPTER, INC. OF THE DOOR AND HAR **DWARE INSTITUTE**

Principal Place of Business

Mailing Address





C/O THOMAS 6009 S.E. WIN STUART FL 3 US	IDSONG LANE	C/O THOMAS W. WILSON 6009 S.E. WINDSONG LANE STUART FL 34997-8283 US	:	3. Date Incorporated or Qualified 09/01/1970	3a. Date of Last Report 01/31/1996
2. Pringipal (	ace of Business	2a. Mailing Address 26 To CATGE	5 v Hard	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite Apt. 22 7911	NW 3 St \$18-203	Suite, Apt. #, etc. 27 7911 NW	3 st \$19-2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	broke line, Fr	28 FLM Broke 1	ins, pe	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 233 C	Day Country VSA		Country SA		Yes 🔣 No
	9. Name and Address of Current F	legistered Agent	81 Name	10. Name and Address of New Re	sistered Agent
MADVO FOWARD 1 FOO					
	& STEPHANY		B2 Street Add	dress (P.O. Box Number is Not Acceptab	e)
	BROWARD BLVD., STE. 201		83		
	AUDERDALE FL 33301		84 City		
					FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was attributed by the corporation's board of discrete above the corporation's board of discrete and the second of discre					
office or registered agent, or both, in the State of Florida. Such change was bythorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503/Flolida Statutes.					
SIGNATURE CONIC D. Juffard. (Note: Registered Agent signature specified when reinstating)  Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature regulared when reinstating)  DATE					
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	<b>₩</b> DELETE	1.1 TITLE	°b = 1.	☐ Change ☐ Addition
NAME	BELL, JIM		1.2 NAME C	leasy tack	ļ
STREET ADDRESS	730 NW 57TH PLACE		1.3 STREET ADDRESS	724 WE 16th Ave.	
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33309	To Specific	1.4 CITY-ST-ZIP	t. Landerdele, Fr	33334
NAME	VD NCDUEERE CLEM	<b>₩</b> DELETE	2.1 TITLE	D. Daher	Change M Addition
STREET ADDRESS	MCDUFFIE, GLEN 1850 NE 146TH ST.		2.2 NAME	ack, Deby	3.00
CITY - ST - ZIP	N. MIAMI FL 33181	_	2.3 STREET ADDRESS	780 BELLINGEN OF	22484
TITLE	SD SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	the same	☐ Change ☐ Addition
NAME	CLEARY, JACK		3.2 NAME	full cue . John	Li diange Le radiiloi
STREET ADDRESS	4724 NE 18TH AVE.		3.3 STREET ADDRESS	0430 JUL DOM S	Heat
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		3.4. CITY-ST-ZIP	Pembrohe Pines. A	L 33026 /
TITLE	TD	DELETE	4.1 TITLE	D.,	Change Addition
NAME	WILSON, THOMAS W		4.2 NAME 5	whork, can e	2.2
STREET ADDRESS	6009 S.E. WINDSONG LANE		4.3 STREET ADDRESS 3	911 NW 3 St -18-	
CHTY-ST-ZIP TITLE	STUART FL	DELETE	4.4 CiTY-ST-ZIP	embroke fines for	- 3304
NAME		Dereie	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		The state of the s
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied w	ith this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes	I further certify that the

port is true and accurate and that my signature shall have the same legal effect as if made under oath; that ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name I am an officer or director of the corporation or the reappears in Block 12 or Block 3 if changed, or on a

SIGNATURE: