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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719233 (9)

1. Corporation Name

THE GOLD COAST CHAPTER, INC. OF THE DOOR AND HARDWARE INSTITUTE

Principal Place of Business	Mailing Address
C/O THOMAS W. WILSON 6009 S.E. WINDSONG LANE STUART FL 34997 US	C/O THOMAS W. WILSON 6009 S.E. WINDSONG LANE STUART FL 34997-8263 US

3. Date Incorporated or Qualified: 09/01/1970
3a. Date of Last Report: 01/31/1996

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Carrie Suthard	26 c/o Carrie Suthard
22 Suite, Apt. #, etc. 7911 NW 3 St #18-203	27 Suite, Apt. #, etc. 7911 NW 3 St #18-203
23 City & State Pembroke Pines, FL	28 City & State Pembroke Pines, FL
24 Zip 33024 25 Country USA	29 Zip 33024 30 Country USA

9. Name and Address of Current Registered Agent

MARKO, EDWARD J., ESQ.
MARKO & STEPHANY
1401 E. BROWARD BLVD., STE. 201
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 authorized 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, Florida Statutes.

SIGNATURE Carrie D. Suthard — Carrie Suthard — 2/4/97
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELL, JIM 730 NW 57TH PLACE FT. LAUDERDALE FL 33309	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Cleary, Jack 4724 NE 16th Ave. Ft. Lauderdale, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCDUFFIE, GLEN 1850 NE 146TH ST. N. MIAMI FL 33181	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Beck, Deby 3780 Beachwood Drive Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLEARY, JACK 4724 NE 16TH AVE. FT. LAUDERDALE FL 33334	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Stallcup, John 1043D NW 90th Street Pembroke Pines, FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, THOMAS W 6009 S.E. WINDSONG LANE STUART FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Suthard, Carie 7911 NW 3 St #18-203 Pembroke Pines, FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carrie Suthard — Carrie Suthard — 2/4/97 — 954 9646767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #