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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 CARRIE SUTHARD 7911 NW 3RD ST 18-200 PEMBROKE PINES FL 33024 US	C/O CARRIE SUTHARD 7911 NW 3RD ST 18-203 PEMBROKE PINES FL 33024 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Joe Nunn	26 c/o Joe Nunn
Suite, Apt. #, etc. 22 7521 S.W. 28 St.	Suite, Apt. #, etc. 27 7521 S.W. 28 St.
City & State 23 Davie, FL	City & State 28 Davie, FL
Zip 24 33314 Country 25 USA	Zip 29 33314 Country 30 USA

3. Date Incorporated or Qualified: 09/01/1970

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARKO, EDWARD J., ESQ. MARKO & STEPHANY 1401 E. BROWARD BLVD., STE. 201 FORT LAUDERDALE FL 33301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CLEARY, JACK		1.2 NAME	James Bell	
STREET ADDRESS	4724 NE 16TH AVE		1.3 STREET ADDRESS	1850 NE 146 St	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	No. Miami, FL 33181	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BECK, DEBY		2.2 NAME	Cleary, Jack	
STREET ADDRESS	3780 BEACHWOOD DR		2.3 STREET ADDRESS	4724 NE 16 Ave	
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	STALLCUP, JOHN		3.2 NAME	Kara Thacker	
STREET ADDRESS	10430 NW 20TH ST		3.3 STREET ADDRESS	5700 NW 60 Place	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	Parkland, FL 33067	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	SUTHARD, CANIE		4.2 NAME	Joe Nunn	
STREET ADDRESS	7911 NW 3RD ST 18-203		4.3 STREET ADDRESS	7521 SW 28 St	
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	Davie, FL 33314	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Joseph Nunn 3-12-98 954-423-4330