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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 761631 (1)
1. Corporation Name
GOLD COAST AUXILIARY FOR ANN STORCK CENTER, INC.



Principal Place of Business Mailing Address
C/O MARION BONAVOLANT 3500 GALT OCEAN DR. APT. 103 FT. LAUDERDALE FL 33308
C/O MARION BONAVOLANT 3500 GALT OCEAN DR. APT. 103 FT. LAUDERDALE FL 33308-8814

3. Date Incorporated or Qualified 01/07/1982
3a. Date of Last Report 02/19/1996
4. FEI Number 59-2152117 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 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BONAVOLANT, MARION MESSINA
3500 GALT OCEAN DR., APT. 103
FORT LAUDERDALE FL 33308

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME BONAVOLANT, MARION M.
STREET ADDRESS 3500 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE VD DELETE
NAME CASORIA, MARY ALICE
STREET ADDRESS 2750 N.E. 29TH ST
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE VSD DELETE
NAME CASORIA, KAY
STREET ADDRESS 4020 GALT OCEAN DR
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE SD DELETE
NAME HIRSCH, FLORENE
STREET ADDRESS 3500 GALT OCEAN DR
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE TD DELETE
NAME ROTOLO, VINNIE
STREET ADDRESS 120 N.E. 56TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Marion Messina Bonavolant* 2/29/97 954-564-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084424

CR2E037 (9/96)