

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90114 010 ****61.25

DOCUMENT # 761631

1. Entity 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 33308-6814

05000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3500 Galt Ocean Dr.
 Suite, Apt. #, etc.
103

3500 Galt Ocean Dr.
 Suite, Apt. #, etc.
apt 103

City & State *FT Lauderdale*

City & State *FT Lauderdale 33308*

4. FEI Number

59-2152117

Applied For

Not Applicable

Zip *33308* Country *Broward*

Zip *33308* Country *Broward*

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONAVOLANT, MARION MESSINA
3500 GALT OCEAN DR., APT. 103
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONAVOLANT, MARION M.	
STREET ADDRESS	3500 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, MARTHA	
STREET ADDRESS	5110 NE 27 AVE.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COURY, BARBARA	
STREET ADDRESS	1332 BAYVIEW DR. APT. 304	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'LEARY, ELIZABETH	
STREET ADDRESS	555 N. OCEAN BLVD. #72	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINGLE, ANNE-MARIE	
STREET ADDRESS	1431 MIDDLE RIVER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Marion M. Bonavolant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)