SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # 765509 (5)

1. Corporation Name
FLORIDA GULF STREAM CHAPTER OF THE NINETY-NINES, INC.

Principal Place of Business	Mailing Address
2732 NE 3RD ST. POMPANO BEACH FL 33062	2732 NE 3RD ST. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1502880 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

JOHNSTON, DIANNE
2732 N.E. 3RD ST.
POMPANO BEACH FL 33062

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 _____ 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	CD	11 TITLE	CD	☑ Change ☐ Addition
NAME	PETRITSIS, MARIA	12 NAME	Janet Gunn Carter	
STREET ADDRESS	5636 CORAL LAKE DR	13 STREET ADDRESS	10982 Denoon Road	
CITY · ST · ZIP	MARGATE FL	14 CITY · ST · ZIP	Boynton Beach, FL, 33437	
TITLE	TD	21 TITLE	TD	☑ Change ☐ Addition
NAME	TEMPLE, J ANE	22 NAME	Eleanore Reichenbach	
STREET ADDRESS	933 SW MULBERRY WAY	23 STREET ADDRESS	4465 S.W. 37th Avenue	
CITY · ST · ZIP	BOCA RATON FL	24 CITY · ST · ZIP	Fort Lauderdale, FL. 33312	
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	WATKINS, AILEEN J	32 NAME	Judy A. Maxwell	
STREET ADDRESS	4259 S.E. KUBIN AVE.	33 STREET ADDRESS	4098 Kirkland Lane	
CITY · ST · ZIP	STUART FL	34 CITY · ST · ZIP	Lake Worth, FL. 33461	
TITLE	S	41 TITLE	S	☑ Change ☐ Addition
NAME	HARRIS, ROBIN	42 NAME	Cheryl Cichocki	
STREET ADDRESS	1516 S LAKESIDE DR #115	43 STREET ADDRESS	6723 Kingsmoor Way	
CITY · ST · ZIP	LAKE WORTH FL	44 CITY · ST · ZIP	Miami Lakes, FL. 33014	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY · ST · ZIP		54 CITY · ST · ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY · ST · ZIP		64 CITY · ST · ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dianne Johnson 6-9-95 (305) 781-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D0000760