

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:33

**DOCUMENT # N94000003379 (4)**

1. Corporation Name

**GILDA'S CLUB OF SOUTH FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**WRICK EGITTO**  
**3225 S. PORT ROYALE DR.**  
**FT. LAUDERDALE FL 33081**

3. Date Incorporated or Qualified **07/08/1994** 3a. Date of Last Report

4. FEI Number  Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **Post Office Box 3624**

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

22. City & State 27. City & State  
**23** **Hollywood, Fl.**

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

24. Zip 25. Country 29. Zip 30. Country  
**24** **33083** **29** **Broward**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent  
**GELLER, STEVEN A ESQ.**  
**1815 GRIFFIN RD.**  
**SUITE 403**  
**DANIA FL 33004**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SANTINI, TERRY</b>
STREET ADDRESS	<b>8001 S.W. 36TH ST., SUITE 10</b>
CITY-ST-ZIP	<b>DAVE FL 33328</b>
TITLE	<b>D</b>
NAME	<b>WASSERMAN, SHARON</b>
STREET ADDRESS	<b>5235 MAJORCA CLUB DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33488</b>
TITLE	<b>D</b>
NAME	<b>GOODSELL, KELLYE</b>
STREET ADDRESS	<b>2290 S.W. 81ST AVE.</b>
CITY-ST-ZIP	<b>DAVE FL 33324</b>
TITLE	<b>P</b>
NAME	<b>EGITTO, RICK</b>
STREET ADDRESS	<b>3225 S. PORT ROYALE DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33081</b>
TITLE	<b>V</b>
NAME	<b>MASI, WENDY</b>
STREET ADDRESS	<b>3225 S. PORT ROYALE DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33081</b>
TITLE	<b>S</b>
NAME	<b>HERRON, JANE</b>
STREET ADDRESS	<b>3225 S. PORT ROYALE DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33081</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>6795 Allegre Court</b>
24 CITY-ST-ZIP	<b>Boca Raton, Fl. 33433</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Nardi, Kellye'</b>
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 110.07(3)(b), 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 holder of trustee or 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 the attachment with an address.

SIGNATURE: *WRICK EGITTO* PRESIDENT 1/20/95 (305) 474-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR