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Feb 28 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 # N94000003379 (4)

1. Corporation Name

GILDA'S CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

%RICK EGITTO  
4050 SHERIDAN ST., SUITE D  
HOLLYWOOD DALE FL 33021

P O BOX 3624  
3225 S. PORT ROYALE DR.  
HOLLYWOOD FL 33063-3624  
US

%A. Nicholas Masi, Executive Director

3. Date Incorporated or Qualified  
07/08/1994

3a. Date of Last Report  
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 4340 Sheridan St.

26 4340 Sheridan St.

4. FEI Number  
65-0528626

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Hollywood, Florida

28 Hollywood, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

25 33021 USA

Zip Country

29 33021

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELLER, STEVEN A ESQ.  
1815 GRIFFIN RD.  
SUITE 403  
DANIA FL 33004

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME SANTINI, TERRY  
STREET ADDRESS 8001 S.W. 36TH ST., SUITE 10  
CITY-ST-ZIP DAVIE FL 33328

1.1 TITLE President  Change  Addition  
1.2 NAME Glazer, Marietta  
1.3 STREET ADDRESS 5601 Watafee Trail  
1.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33324

TITLE D  DELETE  
NAME WASSERMAN, SHARON  
STREET ADDRESS 6795 ALLEGRE COURT  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Treasurer  Change  Addition  
2.2 NAME Dansky, Michael  
2.3 STREET ADDRESS 6311 Gauntiet Hall Lane  
2.4 CITY-ST-ZIP Davie, Fl. 33331

TITLE D  DELETE  
NAME NARDI, KELLYE'  
STREET ADDRESS 2290 S.W. 81ST AVE.  
CITY-ST-ZIP DAVIE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  DELETE  
NAME EGITTO, RICK  
STREET ADDRESS 1010 SW 46TH AVE. #212  
CITY-ST-ZIP FT. LAUDERDALE FL 33069-0904

4.1 TITLE President Emeritus  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME MASI, WENDY  
STREET ADDRESS %3225 S. PORT ROYALE DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33081

5.1 TITLE Director  Change  Addition  
5.2 NAME Ahern, Deborah  
5.3 STREET ADDRESS 1077 Deerwood Lane  
5.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33326

TITLE FD  DELETE  
NAME HERRON, JANE  
STREET ADDRESS %3225 S. PORT ROYALE DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33081

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:

*A. N. Masi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. N. Masi 1/29/97 454 963-9499  
Date Daytime Phone # 0026313

CR2E037 (9/96)