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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.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Hollywood, Florida 28 Hollywood, Florida
Zip Country 29 Zip Country
24 33021 25 USA 30 33021 30 USA

4. FEI Number 65-0528626 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTINI, TERRY	1.2 NAME	Glazer, Marietta
STREET ADDRESS	8001 S.W. 36TH ST., SUITE 10	1.3 STREET ADDRESS	5601 Kolafee Trail
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASSERMAN, SHARON	2.2 NAME	Dansky, Michael
STREET ADDRESS	6795 ALLEGRE COURT	2.3 STREET ADDRESS	6311 Gauntiet Hall Lane
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Davie, Fl. 33331
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	NARDI, KELLYE'	3.2 NAME	
STREET ADDRESS	2290 S.W. 81ST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	President Emeritus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGITTO, RICK	4.2 NAME	
STREET ADDRESS	1010 SW 46TH AVE. #212	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33069-0904	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASI, WENDY	5.2 NAME	Ahern, Deborah
STREET ADDRESS	%3225 S. PORT ROYALE DR.	5.3 STREET ADDRESS	1077 Deerwood Lane
CITY-ST-ZIP	FT. LAUDERDALE FL 33081	5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326
TITLE	FD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HERRON, JANE	6.2 NAME	
STREET ADDRESS	%3225 S. PORT ROYALE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33081	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* A. N. Masi 1/29/97 454 963-9499
Date Daytime Phone # 0026313

CR2E037 (9/96)