

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/O NICHOLAS MASI EXECUTIVE DIRECTOR 4340 SHERIDAN ST. HOLLYWOOD DALE FL 33021 US | Mailing Address C/O NICHOLAS MASI EXECUTIVE DIRECTOR 4340 SHERIDAN ST. HOLLYWOOD FL 33083 US |
|---|--|

3. Date Incorporated or Qualified
07/08/1994

4. FEI Number
65-0528626

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|---|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Hollywood, FL | City & State 28 |
| Zip 24 | Country 29 |

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 **Mangiero, David**
 82 Street Address (P.O. Box Number is Not Acceptable)
620 S Crescent Dr.
 83
 84 City **Hollywood** **FL** 85 Zip Code **33021**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **1-27-98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GLAZER, MARIETTA 5601 HOLATEE TRAIL FT. LAUDERDALE FL | <input checked="" type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DANSK, MICHAEL 6311 GAUNTLET HALL LANE BAVIE FL | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NARDI, KELLYE' 2290 S.W. 81ST AVE. DAVIE FL | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EGITTO, RICK 1010 SW 46TH AVE. #212 FT. LAUDERDALE FL | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASI, WENDY %3225 S. PORT ROYALE DR. FT. LAUDERDALE FL 33081 | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AHERN DEBORAH 1077 DEERWOOD LANE FT. LAUDERDALE FL | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |

| | | |
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| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Uice Chair Public Relations Edinoff, Lynn 6331 NE 20th Terrace Ft. Lauderdale, FL 33308 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | Chairman Dansky | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Secretary Hartley, Barbara 600 N. 35th Ave. Hollywood, FL 33021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Treasurer Frost, Kathy 9345 Chelsea Drive N. Plantation, FL 33324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | 2401 Laguna Drive 33316 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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: *[Signature]* **WIRE REQUIRED** 954 963-9499

CR2E037 (10/97)