

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**07/08/1994**

4. FEI Number <b>65-0528626</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State 23 <b>Hollywood, FL</b>	City & State 28
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip 24	Country 25	Zip 29	Country 30
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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	<b>P</b> <b>GLAZER, MARIETTA</b> <b>5601 HOLATEE TRAIL</b> <b>FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DANSK, MICHAEL</b> <b>6311 GAUNTLET HALL LANE</b> <b>BAVIE FL</b>	<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	<b>D</b> <b>NARDI, KELLYE'</b> <b>2290 S.W. 81ST AVE.</b> <b>DAVIE FL</b>	<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	<b>P</b> <b>EGITTO, RICK</b> <b>1010 SW 46TH AVE. #212</b> <b>FT. LAUDERDALE FL</b>	<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	<b>D</b> <b>MASI, WENDY</b> <b>%3225 S. PORT ROYALE DR.</b> <b>FT. LAUDERDALE FL 33081</b>	<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	<b>D</b> <b>AHERN DEBORAH</b> <b>1077 DEERWOOD LANE</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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