

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17114 (2)

1. Corporation Name

THE GOLD COAST DIVISION OF THE FLORIDA CHAPTER O
F NATIONAL HEMOPHILIA FOUNDATION, INC.

500001493095
-05/18/95--01027--001
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6084 OKEECHOBEE BLVD
P.O. BOX 170662
W PALM BEACH FL 33417

6084 OKEECHOBEE BLVD
P.O. BOX 170662
W PALM BEACH FL 33417

3. Date Incorporated or Qualified

3a. Date of Last Report

10/03/1986

03/15/1994

4. FEI Number

65-0057763

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

X

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 1155 N. Rock Island Rd

26 1155 N. Rock Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Margate FL

28 Margate FL

Zip

Country

Zip

Country

24 33063

25

29 33063

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, RICK
190 S.W. 32ND TERR.
DEERFIELD BCH. FL 33442

81 Name

Thomas, Rick

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

4135 NW 59 Street

83

84 City

Coconut Creek

FL

85 Zip Code

33073

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	ZERBE, ART
STREET ADDRESS	448 NW 47 TERR
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	SD
NAME	ZERBE, MELANIE
STREET ADDRESS	448 NW 47 TERR
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	PD
NAME	THOMAS, RICK
STREET ADDRESS	190 S.W. 32ND TERR.
CITY - ST - ZIP	DEERFIELD BCH. FL
TITLE	TD
NAME	HOFFMANN, RONALD J
STREET ADDRESS	1541 NW 97 AVE
CITY - ST - ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	SD
2.2 NAME	Smith, Carole
2.3 STREET ADDRESS	1155 N. Rock Island Road
2.4 CITY - ST - ZIP	Margate FL 33063
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4135 NW 59 Street
3.4 CITY - ST - ZIP	Coconut Creek, FL 33073
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Ronald J Hoffmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95

305 474 5670