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Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 761631 (1)

1. Corporation Name

GOLD COAST AUXILIARY FOR ANN STORCK CENTER, INC.



Principal Place of Business

Mailing Address

C/O MARION BONAVALANT
3500 GALT OCEAN DR., APT. 103
FT. LAUDERDALE FL 33308

C/O MARION BONAVALANT
3500 GALT OCEAN DR., APT. 103
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified

01/07/1982

4. FEI Number

59-2152117

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONAVALANT, MARION MESSINA
3500 GALT OCEAN DR., APT. 103
FORT LAUDERDALE FL 33308

81 Name

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

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 PD
NAME BONAVALANT, MARION M.
STREET ADDRESS 3500 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VD
NAME CASORIA, MARY ALICE
STREET ADDRESS 2750 N.E. 29TH ST
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VSD
NAME CASORIA, KAY
STREET ADDRESS 4020 GALT OCEAN DR
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE SD
NAME HIRSCH, FLORENE
STREET ADDRESS 3500 GALT OCEAN DR
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE TD
NAME ROTOLO, VINNIE
STREET ADDRESS 120 N.E. 56TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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 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.

CP2E037 (10/97)

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