FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720111 (4)

1. Corporation Name

FLORIDA GOLDCOAST CHAPTER OF THE 99'S, INC.

Principal Place of Business	Mailing Address
175 NW FIRST AVE COURTHOUSE CENTER 11TH FLOOR MIAMI FL 33128-6817	175 NW FIRST AVE COURTHOUSE CENTER 11TH FLOOR MIAMI FL 33128-6817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1971
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-6496180 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$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
21 100 S.E. 2nd St	26 100 S.E. 2nd St.
Suite, Apt. #, etc. 22 17th Floor International Place	Suite, Apt. #, etc. 27 17th Floor International Place
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33131-1101 25 Dade, USA	Zip / Country 29 33131-1101 30 Dade, USA

9. Name and Address of Current Registered Agent

KELSO, JOHN
COURTHOUSE CENTER 11TH FLOOR
175 NW FIRST AVE
MIAMI FL FL 33128-6817

10. Name and Address of New Registered Agent

81 Name: John R. Kelso
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd St., 17th Floor
83: International Place
84 City: Miami FL 85 Zip Code: 33131-1101

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	DE AUER, CHRISTINA	12 NAME	Suzanne Schlernitzauer	
STREET ADDRESS	401 OCEAN DR #617	13 STREET ADDRESS	13419 S.W. 112 Court	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami, Florida 33176	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	REESE, SUZANNE	22 NAME	Hope Hatton	
STREET ADDRESS	13419 S.W. 112 COURT	23 STREET ADDRESS	6606 S.W. 115 Court, Apt. G	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33173	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SHAKESPEARE, JAN	32 NAME	LoyAnne Leiblie	
STREET ADDRESS	301 N.E. 128 ST	33 STREET ADDRESS	14610 S.W. 143 Court	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33186	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	LEIBLIE, LOY A	42 NAME	Barbara Lichtiger	
STREET ADDRESS	14610 SW 143 CT	43 STREET ADDRESS	3475 S. Moorings Way	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Coconut Grove, Florida 33133	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Barbara Lichtiger Date 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA LICHTIGER

Daytime Phone Number (305) 444-1450

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