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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:35

DOCUMENT # **740664** **(8)**

1. Corporation Name

FLORIDA GOLDCOAST ASSOCIATION OF THE AMATEUR ATHLETIC UNION OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
% PAMALA MARSHALL 2629 N.W. 98 WAY CORAL SPRINGS FL 33065	% PAMALA MARSHALL 2629 N.W. 98 WAY CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1977
3a. Date of Last Report: 03/10/1994
4. FEI Number: 56-6151161 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % Carolyn Vitta	26 % Carolyn Vitta
Suite, Apt. #, etc. 22 405 NW 108 Ave.	Suite, Apt. #, etc. 27 405 NW 108 Ave
City & State 23 Coral Springs FL	City & State 28 Coral Springs FL
Zip / Country 24 33071 / 25 USA	Zip / Country 29 33071 / 30 USA

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

9. Name and Address of Current Registered Agent

MARSHALL, PAMELA
2629 N.W. 98TH WAY
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Carolyn Vitta
82 Street Address (P.O. Box Number is Not Acceptable): 405 NW 108 Ave
83:
84 City: Coral Springs FL 85 Zip Code: 33071

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: Carolyn Vitta, Sec'y/ Treas. 4/11/95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, PAMELA	12 NAME	
STREET ADDRESS	2629 N.W. 98 WAY	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MASCALINO, DONNA	22 NAME	
STREET ADDRESS	C/O 2629 NW 98 WAY	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SEITLIN, R. LOUIS	32 NAME	
STREET ADDRESS	8125 NW 53 ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	XX	41 TITLE	☐ Change ☐ Addition
NAME	XXXXXXXXXXXXXXX	42 NAME	
STREET ADDRESS	XXXXXXXXXXXXXX	43 STREET ADDRESS	
CITY-ST-ZIP	XXXXXXXX	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	REILLY, JAMES J.	52 NAME	
STREET ADDRESS	1811 NW 88 WAY	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	S/T/D ☐ Change ☐ Addition
NAME	VITTA, CAROLYN M	62 NAME	Carolyn Vitta
STREET ADDRESS	405 NW 108 AVE	63 STREET ADDRESS	405 NW 108 Ave
CITY-ST-ZIP	CORAL SPRINGS FL	64 CITY-ST-ZIP	Coral Springs FL 33071

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: Carolyn Vitta 4/11/95 (305)753-8024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #