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FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

C/O VITTA, CAROLYN  
405 NW 108 AVE.  
CORAL SPRINGS FL 33071  
US

C/O VITTA, CAROLYN  
405 NW 108 AVE  
CORAL SPRINGS FL 33071-8173  
US

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

3. Date Incorporated or Qualified  
10/31/1977

3a. Date of Last Report  
02/20/1996

4. FEI Number  
56-6151161

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

VITT, CAROLYN  
405 NW 108 AVE  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

VITTA, CAROLYN (correct spelling)

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 CAROLYN VITTA

PRESIDENT

4-25-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VITTA, CAROLYN  
STREET ADDRESS 405 NW 108 AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☐ DELETE

NAME FAUSTO, ERNESTO LOPEZ  
STREET ADDRESS 4809 SW 148TH STREET  
CITY-ST-ZIP DAVIE FL

TITLE D ☒ DELETE

NAME SEITLIN, R. LOUIS  
STREET ADDRESS 8125 NW 53 ST.  
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME PINDER, MARCIA  
STREET ADDRESS 360 UTAH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE SD ☐ DELETE

NAME WHITE, CHRIS  
STREET ADDRESS 1420 RUPP LANE  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

same

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

STD

Chris White

1420 Rupp La.

Lake Worth, FL

33460

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

same

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S/T?/D

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Mike Cobb

14621 SW 24th ST.

Davie, FL 33325

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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

4-25-97

4-25-97

CR2E037 (9/96)