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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

3. Date Incorporated or Qualified

10/31/1977

4. FEI Number

56-6151161

Applied For

Not Applicable

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

VITTA, CAROLYN
405 NW 108 AVE
CORAL SPRINGS FL 33071

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 617.0508, 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

4-20-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

1.1 TITLE T/D ☒ Change ☐ Addition

1.2 NAME Carolyn Vitta
1.3 STREET ADDRESS 405 NW 108 Ave
1.4 CITY-ST-ZIP Coral Springs, FL 33071

TITLE STD ☒ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME PINDER, MARCIA
STREET ADDRESS 380 UTAH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE STD ☒ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME COBB, MIKE
STREET ADDRESS 14621 SW 24TH ST
CITY-ST-ZIP DAVE FL

6.1 TITLE D/P ☒ Change ☐ Addition

6.2 NAME Mike Cobb
6.3 STREET ADDRESS 4621 SW 24 St.
6.4 CITY-ST-ZIP Davie FL

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.

SIGNATURE:

4-20-98

CR2E037 (10/97)