

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90126 017 *****8.75
05-03-1999 90126 018 *****61.25

DOCUMENT # 740664

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **C/O Mike Cobb**
Suite, Apt. #, etc.
22 **14621 SW 24TH ST.**

23 **Davie, Florida**
City & State

24 **33325** 25 **USA**
Zip Country

2a. Mailing Address

26 **Mike Cobb**
Suite, Apt. #, etc.
27 **14621 SW 24TH ST.**

28 **Davie, FL.**
City & State

29 **33325** 30 **USA**
Zip Country

3. Date Incorporated or Qualified

10/31/1977

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

9. Name and Address of Current Registered Agent

VITTA, CAROLYN
405 NW 108 AVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name **Mike Cobb**
82 Street Address (P.O. Box Number is Not Acceptable)
14621 SW 24TH ST
83
84 City **Davie** FL 85 Zip Code **33325**

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

4-15-99

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **VITTA, CAROLYN**
STREET ADDRESS **405 NW 108 AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **DP** ☒ DELETE
NAME **COBB, MIKE**
STREET ADDRESS **14621 SW 24TH ST**
CITY-ST-ZIP **DAVE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, TO** ☒ Change ☐ Addition
1.2 NAME **Mike Cobb**
1.3 STREET ADDRESS **14621 SW 24TH ST.**
1.4 CITY-ST-ZIP **Davie, FL. 33325**

2.1 TITLE **V. Pres. D.** ☒ Change ☐ Addition
2.2 NAME **Elena Lechner**
2.3 STREET ADDRESS **2290 SW 71st Terr.**
2.4 CITY-ST-ZIP **Davie, FL. 33317**

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

4.1 TITLE **Secretary, TO** ☒ Change ☐ Addition
4.2 NAME **Carol Cobb**
4.3 STREET ADDRESS **14621 SW 24TH ST.**
4.4 CITY-ST-ZIP **Davie, FL. 33325**

5.1 TITLE **TO** ☐ Change ☒ Addition
5.2 NAME **Ernie Lopez**
5.3 STREET ADDRESS **16711 SW 148 Ave**
5.4 CITY-ST-ZIP **FT. Lauderdale, FL. 33331**

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, with all other like empowered.

SIGNATURE:

Mike Cobb **4-15-99** **954 473-9679**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0027067

CR2E037 (11/98)