

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 013 ****61.25

DOCUMENT # 761631 ✓

1. Corporation Name

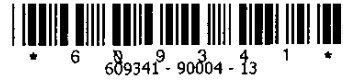
GOLD COAST AUXILIARY FOR ANN STORCK CENTER, INC.

Principal Place of Business

C/O MARION BONAVOLANT
3500 GALT OCEAN DR., APT. 103
FT. LAUDERDALE FL 33308

Mailing Address

C/O MARION BONAVOLANT
3500 GALT OCEAN DR., APT. 103
FT. LAUDERDALE FL 33308



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

01/07/1982

4. FEI Number

59-2152117

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

BONAVOLANT, MARION MESSINA
3500 GALT OCEAN DR., APT. 103
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name *Marion Messina Bonavolant*
82 Street Address (P.O. Box Number is Not Acceptable)
3500 Galt Ocean Dr apt 103
83 *FT Land. FL 33308*
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 *MARION M. BONAVOLANT PRES.*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	BONAVOLANT, MARION M.	3500 GALT OCEAN DRIVE	FT. LAUDERDALE FL	
VD	CASORIA, MARY ALICE	2750 N.E. 29TH ST	FT. LAUDERDALE FL	
VSD	CASORIA, KAY	4020 GALT OCEAN DR	FT. LAUDERDALE FL	
SD	HIRSCH, FLORENE	3500 GALT OCEAN DR	FT. LAUDERDALE FL	
TD	ROTOLO, VINNIE	120 N.E. 56TH CT.	FT. LAUDERDALE FL	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Pres.</i>	<i>Marion M. Bonavolant</i>	<i>3500 Galt Ocean Dr</i>	<i>FT Land FL 33308</i>	
<i>Martha Pres. - 2. Pres.</i>	<i>5110 NE 24th</i>	<i>Loganville FL 33064</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Barbara Canny</i>	<i>1332 Bayview Dr apt 304</i>	<i>FT Land FL 33308</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>ELIZABETH O'LEARY</i>	<i>5555 NO. OCEAN BLVD. #12</i>	<i>PT. LAUDERDALE, FL 33308</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Anne-Marie Lingle</i>	<i>1431 MIDDLE RIVER DRIVE</i>	<i>FT. LAUDERDALE, FL 33304</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *8/18/99* SIGNATURE REQUIRED *Marion Messina Bonavolant 954-564-6936*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)

Marion M. Bonaventura Pres. 761631
3500 Belt Ocean Dr. P.D. 609341-90004-13
FT Land fl. 33308

Martha Price V.D.
5116 N.E. 27 Ave. T. Pres.
Lighthouse Pt. fl. 33064

Barker Cawry V.S.D.
1332 Bayview Dr. apt. 304 Secretary
FT Land fl. 33308

Elizabeth O'Leary S.D.
5555 N. Ocean Blvd #72 S.D.
FT Land fl. 33308

Anna Marie Lingle T.D.
1431 Middle River Dr. Treasurer
FT Land fl. 33304