FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 765509

(5)

FLORIDA GULF STREAM CHAPTER OF THE NINETY-NINES,

Principal Place of Business		Mailing Address				1 SANDISI ANGIN GUINI NISHA NASIA ANGIN NISHA NISH	
2732 NE 3RD ST. POMPANO BEACH FL 33062		2732 NE 3RD ST. POMPANO BEACH FL 33062-4917				•	
						3. Date Incorporated or Qualified 10/22/1982 3a. Date of Last Report 01/25/1996	
2. Principal Place of Business		2a. Mailing Address 26				4. FEI Number Applied For S8-1502880 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip			Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30		30	Florida Statutes Yes 🛂 No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81	Name		
JOHNST	ON, DIANNE			82	<u> </u>		
	E. 3RD ST.		ļ		Street Ac	Address (P.O. Box Number is Not Acceptable)	
	IO BEACH FL 33062			83			
				84	City	FL 85 Zip Code	
11 Durament	to the requisions of Sections 617.0602	and 617 1509 Clarida Statut	oo tha a		named o	corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	if Florida. Such change was a	authorize	d by	the corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	····						
				d Age	nt signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	13.	7. 5	<u>1</u>		
TITLE	CD	NO DETELE	1.1]		1		
NAME	CARTER, JANET G		1.2 N			Cichocki, Cheryl 6723 Kingsmook-way	
STREET ADDRESS	10982 DENOCU ROAD		1.3 S	TREET	ADDRESS	6129 Mings Mor way	
CITY-ST-ZIP	BOYNTON BEACH FL			TY-SI	r-ZIP	miami Lattes, FL. 33014	
TITLE	TD	☐ DELETE	211	TLE		☐ Change ☐ Addition	
NAME	REICHENBACH, ELEANORE		2.2 N	AME			
STREET ADDRESS	4465 S.W. 37TH AVENUE		2.3 S	TREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.40	ITY-S	T-ZIP		
TITLE	VD	∑ DELETE	3.1 T	TLE		VD Greene Leslie Change Addition	
NAME	MAXWELL, JUDY A		3.2 N	AME		ABU Walnut Terrace	
STREET ADDRESS	4098 KIRKLAND LANE		3.3 S	TREET	ADDRESS	VD Greene, Leslie ☑ Change ☐ Addition 994 Walnut Terrace Boca Raton, FL, 33486 5 Sanders, Peggy ☑ Change ☐ Addition	
CITY-ST-ZIP	LAKE WORTH FL		3.4. 0	ITY-\$	T-ZIP	poca katon, Fc, 93900	
TITLE	S	⊠ DELETE	4.1 T	TLE		∠ Change ☐ Addition	
NAME	CICHOCKI, CHERYL		4.28	IAME		3 Janders, reggy	
STREET ADDRESS	6723 KINGSMOOR WAY		4.3 S	TREET.	ADDRESS	6761 N.W, 32 AVC,	
CITY-ST-ZIP	MIAMI LAKES FL			ITY-S1	1	Ft. Lauderdale, FL, 33309	
TITLE		☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME		_	5.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 C	ITY-SI	ı-zır	Change Addition	
		FT PETETE					
NAME			6.2 N		100005		
STREET ADDRESS			6.3 S	REET	ADDRESS		

6.4 CITY - ST - ZIP 14. I do 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.

FILED

Jan 27 1997 8:00am

Secretary of State