

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001816

FILED
Mar 07, 2007
Secretary of State

Entity Name: FLORIDA GOLDCOAST CHAPTER OF THE 99'S, INC.

Current Principal Place of Business:

524 S. ANDREWS AVE.
SUITE 101N
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

524 S. ANDREWS AVE.
SUITE 101N
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-6496180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORTOLIN, SONIA
524 S. ANDREWS AVE
SUITE 101N
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEFFMAN, TAMRA
Address: 4600 ROYAL PALM AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: BORTOLIN, SONIA
Address: 524 S. ANDREWS AVE, STE 101N
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T () Delete
Name: RITTER, REBECA
Address: 2340 NE 193 STREET
City-St-Zip: MIAMI, FL 33180

Title: S () Delete
Name: JURN, KRISTEN
Address: 2831 NORTH 38TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA BORTOLIN

VP

03/07/2007

Electronic Signature of Signing Officer or Director

Date