

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 16, 2008
Secretary of State

DOCUMENT# N04000001816

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: BORTOLIN, SONIA M
Address: 2025 NE 164 STREET, #409
City-St-Zip: N. MIAMI BEACH, FL 33162**Title:** VP () Delete
Name: BLASI, PATRICIA
Address: 3800 NE 209 TERRACE
City-St-Zip: AVENTURA, FL 33180**Title:** T () Delete
Name: GRECO-REGAN, MARIA T
Address: 1928 S OCEAN DRIVE, #405
City-St-Zip: HALLANDALE BEACH, FL 33009**Title:** S () Delete
Name: REINKEN, DIANE
Address: 12525 SW 112 CT
City-St-Zip: MIAMI, FL 33176**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: GRECO-REGAN, MARIA T
Address: 3501 N. OCEAN DRIVE #4-E
City-St-Zip: HOLLYWOOD BEACH, FL 33019**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: DAVIDSON, URSULA M
Address: 880 NE ST #4-F
City-St-Zip: MIAMI, FL 33138**Title:** D () Change (X) Addition
Name: LICHTEGGER, BARBARA
Address: 3475 S. MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify 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: MARIA GRECO-REGAN

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07/16/2008

Electronic Signature of Signing Officer or Director

Date