

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001816

FILED  
Mar 03, 2010  
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  
Name: BLASI, PATRICIA  
Address: 3800 NE 209 TERRACE  
City-St-Zip: AVENTURA, FL 33180

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

Title: S  
Name: REINKEN, DIANE  
Address: 12525 SW 112 CT  
City-St-Zip: MIAMI, FL 33176

Title: T  
Name: CARL, KATHERINE  
Address: 13711 NW 18TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: DAVIDSON, URSULA  
Address: 880 NE ST #4-F  
City-St-Zip: MIAMI, FL 33138

I hereby 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 all other like empowered.

SIGNATURE: SONIA M. BORTOLIN

VP

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date