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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06765** (4)

1. Corporation Name

GOLD COAST CHAPTER OF THE CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1323 SE 17TH STREET
SUITE 161
FT LAUDERDALE FL 33316
US

1323 SE 17TH ST
SUITE 161
FT LAUDERDALE FL 33316
US



3. Date Incorporated or Qualified

12/20/1984

4. FEI Number

59-2508644

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, ALLYN
8430 BONITA ISLE DR
LAKE WORTH FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	GREENWOOD, LOURDES	
STREET ADDRESS	3800 NW 116 TERR	
CITY-ST-ZIP	SUNRISE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	DELETE
NAME	NOVICKI, MYRA	
STREET ADDRESS	POMPANO BEACH MED. CENTER	
CITY-ST-ZIP	POMPANO BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	P	DELETE
NAME	MANGAL, JENNIFER	
STREET ADDRESS	10101 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BCH. FL 33414	

3.1 TITLE	<input type="checkbox"/> Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	DELETE
NAME	HARPER, CHRISTINE	
STREET ADDRESS	4360 NORTHLAKE BLVD, SUITE 108	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	T	DELETE
NAME	HANSEN, ALLYN	
STREET ADDRESS	8430 BONITA ISLAND DR.	
CITY-ST-ZIP	LAKEWORTH FL 33467	

5.1 TITLE	<input type="checkbox"/> Change
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	S	DELETE
NAME	MILLER, SHERRY	
STREET ADDRESS	3233 GROVE RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

ALLYN J HANSEN

SIGNATURE:  SIGNATURE REQUIRED

1/15/98

X3305

561-627-0344