

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09101 (9)

1. Corporation Name

GOLD COAST WOMEN VETERANS, INC.



Principal Place of Business

Mailing Address

800 N.W. 96TH TER.
PEMBROKE PINES FL 33024

800 N.W. 96TH TER.
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified

05/06/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1311 NW 87th Lane

26 1311 NW 87th Lane

4. FEI Number

59-2511521

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PLANTATION, FL 33322

27 PLANTATION, FL 33322

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EAGERMAN, RUTH
800 N.W. 96TH TER.
PEMBROKE PINES FL 33024

81 Name

GOLDSTEIN, SYLVIA

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

1311 NW 87th Lane

83

84 City

PLANTATION

FL

85 Zip Code

33322

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

Sylvia Goldstein

SYLVIA GOLDSTEIN, President

DATE

2/27/96

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 SD ☒ DELETE

NAME MILTZ, MARTHA
STREET ADDRESS 1950 N.W. 40TH CT.
CITY - ST - ZIP OAKLAND PARK FL 33309

1.1 TITLE SD ☐ Change ☒ Addition

1.2 NAME MARTIN, MARJORIE
1.3 STREET ADDRESS 4400 N.E. 18 AVE.
1.4 CITY - ST - ZIP FORT LAUDERDALE, FL 33334

TITLE TD ☐ DELETE

NAME GÓULART, DORIS D
STREET ADDRESS 4200 MAINLAND DR
CITY - ST - ZIP TAMARAC FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 33319

TITLE SD ☐ DELETE

NAME RENTA, MARION W.
STREET ADDRESS 4033 ASHBY D
CITY - ST - ZIP DEERFIELD BEACH FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 33442

TITLE SD ☐ DELETE

NAME YANKOWITZ, LOUISE R.
STREET ADDRESS 1000 COLONY POINT CIR #215
CITY - ST - ZIP PEMBROKE PINES FL

4.1 TITLE SD ☐ Change ☒ Addition

4.2 NAME COOKE, HELEN
4.3 STREET ADDRESS 7300 N. DAVIE RD EXT. #220
4.4 CITY - ST - ZIP HOLLYWOOD, FL 33024

TITLE PD ☐ DELETE

NAME EAGERMAN, RUTH
STREET ADDRESS 800 N.W. 96TH TER.
CITY - ST - ZIP PEMBROKE PINES FL 33024

5.1 TITLE PD ☐ Change ☒ Addition

5.2 NAME GOLDSTEIN, SYLVIA
5.3 STREET ADDRESS 1311 NW 87th LANE
5.4 CITY - ST - ZIP PLANTATION, FL 33322

TITLE VD ☐ DELETE

NAME REICH, NETTIE
STREET ADDRESS 2257 SW 15 ST #181
CITY - ST - ZIP DEERFIELD BCH FL

6.1 TITLE VD ☐ Change ☒ Addition

6.2 NAME YOUNG, KATHRYN
6.3 STREET ADDRESS 6086A LIVE OAK COURT
6.4 CITY - ST - ZIP TAMARAC FL 33319

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SYLVIA GOLDSTEIN, President

SIGNATURE: *Sylvia Goldstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

954-473-9824

Daytime Phone #

CR2E037 (12/95)