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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N09101 (9)

1. Corporation Name
GOLD COAST WOMEN VETERANS, INC.

[redacted]

Principal Place of Business	Mailing Address
4200 MAINLAND DR. TAMARAC, FL	4200 MAINLAND DR. TAMARAC, FL

2.
21 4200 MAINLAND DR.
22
23 TAMARAC, FL
24 33319 25 usa

2a. Mailing Address
26 4200 MAINLAND DR.
27
28 TAMARAC, FL
29 33319 USA

3. Date Incorporated or Qualified: 05/06/1985
Prior Report Filed: 04/21/97

4. FEI Number: 59-2511521 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

GOULART, DORIS D.
4200 MAINLAND DR.
TAMARAC, FL 33319-5840

10. Name and Address of New Registered Agent

81
82
83
84

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 617.0502, Florida Statutes.

SIGNATURE Doris D. Goulart DORIS D. GOULART Treasurer 03/03/98
Signature typed or printed — Title, if any — Date — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN, MARJORIE 4400 NE 18 AVE FORT LAUDERDALE, FL 33334	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SD BEECHER, RUTH B. 143 S. LAUREL DR. BLDG 6 MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOULART, DORIS D 4200 MAINLAND DR TAMARAC FL 33319-5840	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RENTA, MARION W. 4033 ASHBY D DEERFIELD BEACH FL 33442	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOKE, HELEN 7300 N. DAVIE RD EXT. #220 HOLLYWOOD, FL 33024	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLDSTEIN, SYLVIA 1311 NW 87th LANE PLANTATION, FL 33322	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VD BURCH, MARY 8620 SW 18 CT FORT LAUDERDALE, FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, KATHRYN 6086A LIVE OAK COURT TAMARAC, FL 33319	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	PD900002450188 -03/09/98--01015--027 ***61.25	☒ Change ☐ Addition

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)(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.

SIGNATURE: Doris D. Goulart DORIS D. GOULART Treasurer 03/03/98 954-733-6428