


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90050 001 \*\*\*\*61.25

0008397

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N09101</b>					
1. Corporation Name <b>GOLD COAST WOMEN VETERANS, INC.</b>					
Principal Place of Business <b>4200 MAINLAND DR TAMARAC FL 33319 US</b>			Mailing Address <b>4200 MAINLAND DR TAMARAC FL 33319 US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1985</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2511521</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		30	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>GOULART, DORIS D 4200 MAINLAND DRIVE TAMARAC FL 33319-5840</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code <b>FL</b>			

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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>SD BEECHER, RUTH B</b>				1.2 NAME			
STREET ADDRESS <b>143 S. LAUREL DR., BLDG. 6</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>MARGATE FL 33063</b>				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TD GOULART, DORIS D</b>				2.2 NAME			
STREET ADDRESS <b>4200 MAINLAND DR</b>				2.3 STREET ADDRESS			
CITY-ST-ZIP <b>TAMARAC FL 33319</b>				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>SD RENTA, MARION W.</b>				3.2 NAME			
STREET ADDRESS <b>4033 ASHBY D</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>VD COOKE, HELEN</b>				4.2 NAME			
STREET ADDRESS <b>7300 N DAVIE ROAD, EXT. #220</b>				4.3 STREET ADDRESS			
CITY-ST-ZIP <b>HOLLYWOOD FL 33024</b>				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>VD BURCH, MARY</b>				5.2 NAME <b>PD</b>			
STREET ADDRESS <b>8620 SW 18 CT</b>				5.3 STREET ADDRESS			
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33324</b>				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>PD YOUNG, KATHRYN</b>				6.2 NAME <b>VD ANTON, JOSEPHINE L.</b>			
STREET ADDRESS <b>6086A LIVE OAK COURT</b>				6.3 STREET ADDRESS <b>45 PRESTON B</b>			
CITY-ST-ZIP <b>TAMARAC FL 33319</b>				6.4 CITY-ST-ZIP <b>BOCA RATON FL 33434</b>			

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, with all other like empowered.

**SIGNATURE:** **DORIS D. GOULART** *Doris D. Goulart* **01-05-99** **954-733-6428**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)