


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90033 007 ****61.25

DOCUMENT # N09101 1. Entity Name GOLD COAST WOMEN VETERANS, INC.					
Principal Place of Business 4200 MAINLAND DR TAMARAC FL 33319 US				Mailing Address 4200 MAINLAND DR TAMARAC FL 33319 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2511521	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOULART, DORIS D 4200 MAINLAND DRIVE TAMARAC FL 33319-5840				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWNBY, MIRIAM		NAME	ownby, miriam	
STREET ADDRESS	122 ROYAL PARK DR.		STREET ADDRESS	121 ROYAL PALM DRIVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309		CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULART, DORIS D		NAME		
STREET ADDRESS	4200 MAINLAND DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, JOSEPHINE		NAME	ANTON, JOSEPHINE	
STREET ADDRESS	45 PRESTON B		STREET ADDRESS	45 PRESTON B	
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOLAKIS, MOLLY		NAME		
STREET ADDRESS	9610 NW 83 ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDMAN, SHERRY H		NAME		
STREET ADDRESS	778 W. CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33488		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, NETTIE		NAME		
STREET ADDRESS	2257 SW 15 ST. APT 181		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DORIS D. GOULART <i>Doris D. Goulart</i> JANUARY 28 2004 954-733-6428					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					