

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09101

FILED
Mar 07, 2009
Secretary of State

Entity Name: GOLD COAST WOMEN VETERANS, INC.

Current Principal Place of Business:

4200 MAINLAND DR
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4200 MAINLAND DR
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 59-2511521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULART, DORIS D
4200 MAINLAND DRIVE
TAMARAC, FL 333195840 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: OWNBY, MIRIAM
Address: 122 ROYAL PARK DR.
City-St-Zip: OAKLAND PARK, FL 33309

Title: TD () Delete
Name: GOULART, DORIS D
Address: 4200 MAINLAND DR
City-St-Zip: TAMARAC, FL 33319

Title: PD () Delete
Name: BEECHER, RUTH C
Address: 143 S LAUREL DR BLDG 6
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: MANOLAKIS, MOLLY
Address: 9610 NW 83 ST.
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: CASTELLI, JOANNE M
Address: 1143 HAMPTON BLVD
City-St-Zip: N LAUDERDALE, FL 33068

Title: SD () Delete
Name: MARSHALL, ALYCE
Address: 5030 NW 42 ST.
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ANTON, JOSEPHINE
Address: 45 PRESTON B
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS D. GOULART

TD

03/07/2009

Electronic Signature of Signing Officer or Director

Date