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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

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*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N17114 (2)

1. Corporation Name

THE GOLD COAST DIVISION OF THE FLORIDA CHAPTER O F NATIONAL HEMOPHILIA FOUNDATION, INC.

Principal Place of Business	Mailing Address
6064 OKEECHOBEE BLVD P.O. BOX 170662 W PALM BEACH FL 33417	6064 OKEECHOBEE BLVD P.O. BOX 170662 W PALM BEACH FL 33417

3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0057763 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1155 N Rock Island Rd	26 1155 N. Rock Island Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Margate FL	City & State 28 Margate FL
Zip 24 33063 Country 25	Zip 29 33063 Country 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, RICK 190 S.W. 32ND TERR. DEERFIELD BCH. FL 33442	81 Name: Thomas, Rick 82 Street Address (P.O. Box Number is Not Acceptable): 4135 NW 59 Street 83 84 City: Coconut Creek FL 85 Zip Code: 33073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	ZERBE, ART	12 NAME	
STREET ADDRESS	446 NW 47 TERR	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	ZERBE, MELANIE	22 NAME	Smith, Carole
STREET ADDRESS	446 NW 47 TERR	23 STREET ADDRESS	1155 N. Rock Island Road
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP	Margate FL 33063
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	THOMAS, RICK	32 NAME	
STREET ADDRESS	190 S.W. 32ND TERR.	33 STREET ADDRESS	4135 NW 59 Street
CITY-ST-ZIP	DEERFIELD BCH. FL	34 CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HOFFMANN, RONALD J	42 NAME	
STREET ADDRESS	1541 NW 97 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Ronald J. Hoffmann 5/5/95 305 474 5870
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

004M70