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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

STREET ADDRESS

appears in Block 12 or Block 13 if ch

CITY-ST-7IP

DOCUMENT #

4-25-90 B 1538

GOLD COAST BUSINESS AND PROFESSIONAL WOMEN'S CLU B. INC.

Mailing Address Principal Place of Business P.O.BOX 564 P O BOX 564 **DELRAY BEACH FL 33444** DELRAY BCH FL 33444 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1989 09/14/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0107574 21 131 NW 11th ADE. Not Applicable 26 151 NW \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution DELRAY DEIRAL 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Palm Bench 29 Florida Statutes 3344 A In 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DOBSON, EUELYN S Street Address (P.O. Box Number is Not Acceptable) 82 131 NW 11TH AVE 83 **DELRAY BEACH FL 33445** 85 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 11 TITLE TITLE DOBSON, EVELYN 1.2 NAME NAME 1.3 STREET ADDRESS 131 N.W. 11TH AVE. STREET ADDRESS **DELRAY BCH FL 33444** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE DS 21 TITLE TITLE LUVONIA NubiN NUBIN, LUVÔNIA 2.2 NAME NAME AIT SW 11th AUE 217 S.W. 11TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS **DELRAY BCH FL** 2. 4 CITY-ST-ZIP DELRAY CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE Angela Durns BURNS, ANGELA 3.2 NAME NAMÉ 2578 LAKE IDA RD. **33 STREET ADDRESS** STREET ADDRESS Bch., FI 33445 IRAY DELRAY BEACH FL 33445 34 CITY-ST-7IP CITY-ST-ZIP DELETE 4.1 TITLE DT TITLE MAHI'L BROWN 4. 2 NAME **BROWN, MATTIE** NAME 301 NW 7th ADE 4.3 STREET ADDRESS 301 N.W. 7TH AVE STREET ADDRESS F1 33444 **DELRAY BCH FL 33444** DEIRAY 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE CARDIYA SIMS WRIGHT, DEPORAH J 5.2 NAME NAME 400 NUD 8th AUE 2210 N.W. 10TH PLACE 5.3 STREET ADDRESS STREET ADDRESS Boynton Beh., Fl DELRAY BCH. FL 33445 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

Euclyn 5. Dobson 4/22/96 407-276-3593 SIGNATURE:

looed, or on an attachment with

6.3 STREET ADDRESS

6.4 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)(k), 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 cath, 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

72/2 **CR2E037**