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Jan 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000005531 (9)

1. Corporation Name

GOLDCOAST CHAPTER OF SWEET ADELINES INTERNATIONAL
L CORPORATION

Principal Place of Business

Mailing Address

9290 MARTINIQUE DR.
MIAMI FL 33189

9290 MARTINIQUE DR.
MIAMI FL 33189

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0453320

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAU, MARGE
9290 MARTINIQUE DR.
MIAMI FL 33189

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 SD
NAME MORAN, VIVIAN
STREET ADDRESS 12295 SW 151ST ST., #E-107
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SHISKIN, JEAN
STREET ADDRESS 15001 EGAN LANE
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME ABRAMS, JOANN
STREET ADDRESS 4408 WOODFIELD BLVD
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME CARDILLO, JO
STREET ADDRESS 11218 RHAPSODY ROAD
CITY-ST-ZIP COOPER CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME DUDRA, MARCY
STREET ADDRESS 2624 MARATHON LANE
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME FARGO, JOY
STREET ADDRESS 164 S.E. 27TH AVE
CITY-ST-ZIP BOYNTON BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

1/8/98

561-998-3709

CR2E037 (10/97)