

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90011 027 \*\*\*\*61.25

DOCUMENT # N93000005531

1. Corporation Name

GOLDCOAST CHAPTER OF SWEET ADELINES INTERNATIONAL  
L CORPORATION

Principal Place of Business

9290 MARTINIQUE DR.  
MIAMI FL 33189

Mailing Address

9290 MARTINIQUE DR.  
MIAMI FL 33189



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0453320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees.

9. Name and Address of Current Registered Agent

GRAU, MARGE  
9290 MARTINIQUE DR.  
MIAMI FL 33189

10. Name and Address of New Registered Agent

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

TITLE SD ☐ DELETE

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

TITLE VD ☒ DELETE

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

TITLE TD ☐ DELETE

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

TITLE PD ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V-D  
LORRAINE RISSMILLER  
621 S.W. 68TH BLVD  
FEMBOKE PINES, FL 33023

PRES - Director  
15164 MARCUM  
193 S.E. River Road  
Stuart, FL 34997

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
DANN ABRAMS - 1/2/99 561-448-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)