

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005531

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** GOLDCOAST CHAPTER OF SWEET ADELINES INTERNATIONAL CORPORATION**Current Principal Place of Business:**9290 MARTINIQUE DR.  
MIAMI, FL 33189**New Principal Place of Business:****Current Mailing Address:**9290 MARTINIQUE DR.  
MIAMI, FL 33189**New Mailing Address:****FEI Number:** 65-0453320**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GRAU, MARGE  
9290 MARTINIQUE DR.  
MIAMI, FL 33189 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:** PD ( ) Delete  
**Name:** GRAU, MARGE  
**Address:** 9290 MARTINIQUE DR  
**City-St-Zip:** MIAMI, FL 33189**Title:** D ( ) Delete  
**Name:** MUELLER, MICHELE  
**Address:** 2232 N.W. 82 AVE  
**City-St-Zip:** SUNRISE, FL 33322**Title:** D ( ) Delete  
**Name:** NELSON, SHARON  
**Address:** 5940 S.W. 112 WAY  
**City-St-Zip:** COOPER CITY, FL 33330**Title:** D ( ) Delete  
**Name:** CHASKES, TAMMY  
**Address:** 1637 MICANOPY AVE  
**City-St-Zip:** MIAMI, FL 33133**Title:** TD ( ) Delete  
**Name:** WOOLAVER, H B  
**Address:** 1911 SW 52 TERRACE  
**City-St-Zip:** PLANTATION, FL 33317**Title:** D ( ) Delete  
**Name:** MILLIKEN, KAREN  
**Address:** 2100 SANS SOUCI BLVD, #1409  
**City-St-Zip:** MIAMI, FL 33181**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** GRAU, MARGE  
**Address:** 9290 MARTINIQUE DR  
**City-St-Zip:** MIAMI, FL 33189**Title:** D (X) Change ( ) Addition  
**Name:** PAGE, MARY ANN  
**Address:** 1051 N.E. 14 AVE  
**City-St-Zip:** HALLANDALE, FL 33009**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD (X) Change ( ) Addition  
**Name:** CHASKES-THEMMEN, TAMMY  
**Address:** 1637 MICANOPY AVE  
**City-St-Zip:** MIAMI, FL 33133**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 for the exemption stated in Section 119.07(3)(i), 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: H. BEA WOOLAVER

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date

BASS, GLYNNA - DIRECTOR  
12750 S.W. 103 TERRACE  
MIAMI, FL 33186