

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005531

FILED
Apr 07, 2009
Secretary of State

Entity Name: GOLDCOAST CHAPTER OF SWEET ADELINES INTERNATIONAL CORPORATION

Current Principal Place of Business:

1637 MICANOPY AVE.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

1637 MICANOPY AVE.
MIAMI, FL 33133

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:

TAMARA, THEM MEN
1637 MICANOPY AVE
MIAMI, FL 33133 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: D () Delete
Name: ALMEIDA, OREALI
Address: 15525 GAUNTLET HALL MN
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: COKEROFT, IRIS
Address: 8820 SW 97 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SPARKS, ANNE
Address: 3790 S.W.68 AVE
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: THEM MEN, TAMMY
Address: 1637 MICANOPY AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: KATHY, RAGUSA
Address: 15610 SW 105 LANE, APT 611
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: STRUBBE, BARBARA
Address: 13840 SW 74 AVE
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUADAMUZ, LYNNE
Address: 21100 COVE ROAD
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROUDENBUSH, ROBBIE
Address: 191 W 15TH ST
City-St-Zip: HIALEAH, FL 33010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TAMARA CHASKES

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date