

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N9300000531

FILED
Apr 21, 2003
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: D () Delete
Name: DEMNER, EILEEN
Address: 11370 S.W. 12TH CT
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: MUELLER, MICHELE
Address: 2232 N.W. 82 AVE
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: LINDEMANN, CASSANDRA
Address: 2827 HELM CT, STE 205
City-St-Zip: LANTANA, FL 33462

Title: PD () Delete
Name: MARCUM, ELLEN
Address: 193 S E RIVER BEND
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: WOOLAVER, H B
Address: 1911 SW 52 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRAU, MARGE
Address: 9290 MARTINIQUE DR
City-St-Zip: MIAMI, FL 33189

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

Title: D (X) Change () Addition
Name: NELSON, SHARON
Address: 5940 S.W. 112 WAY
City-St-Zip: COOPER CITY, FL 33330

Title: D (X) Change () Addition
Name: CHASKES, TAMMY
Address: 1637 MICANOPY AVE
City-St-Zip: MIAMI, FL 33133

Title: TD (X) Change () Addition
Name: WOOLAVER, H B
Address: 1911 SW 52 TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: D () Change (X) Addition
Name: MILLIKEN, KAREN
Address: 2100 SANS SOUCI BLVD, #1409
City-St-Zip: MIAMI, FL 33181

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

04/21/2003

Electronic Signature of Signing Officer or Director

Date

SCHAFFEL, MAUREEN (DIRECTOR)
9721 N.W. 23 CT.
PEMBROKE PINES, FL 33024