

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003215

FILED
Jan 31, 2009
Secretary of State

Entity Name: GOLD COAST AUXILIARY #3700, INC.

Current Principal Place of Business:

560 N.E. 36 STREET
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

560 N.E. 36 STREET
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 59-1713515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABOURIN, SHARON
560 NE 36 ST
OAKLAND PARK, FL 33334 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: PETERSEN, DIANNE
Address: 1556 NE 36 ST.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: OWENS, DONNA
Address: 15655 42 RD. N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: STRANGHOENER, URSULA
Address: 1641 N.E. 54 STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: SHARON SABOURIN

SEC

01/31/2009

Electronic Signature of Signing Officer or Director

Date