

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003379 (4)**

1. Corporation Name

GILDA'S CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business
**%RICK EGITTO
3225 S. PORT ROYALE DR.
FT. LAUDERDALE FL 33081**

Mailing Address
**P O BOX 3624
3225 S. PORT ROYALE DR.
HOLLYWOOD FL 33083
US**

3. Date Incorporated or Qualified 07/08/1994	3a. Date of Last Report 02/24/1995
4. FEI Number 65-0528626 APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business % Rick Egitto		2a. Mailing Address	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc.	
4050 Sheridan St.			
City & State Hollywood, Florida		City & State	
Zip 33021	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**GELLER, STEVEN A ESQ.
1815 GRIFFIN RD.
SUITE 403
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box No. is not acceptable)	5000 1727546
83	-02/29/96-01017-007
	***61.25
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]* DATE: **1/24/96**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTINI, TERRY	
STREET ADDRESS	8001 S.W. 36TH ST., SUITE 10	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WASSERMAN, SHARON	
STREET ADDRESS	6795 ALLEGRE COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARDI, KELLYE'	
STREET ADDRESS	2290 S.W. 81ST AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EGITTO, RICK	
STREET ADDRESS	3225 S. PORT ROYALE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33081	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASI, WENDY	
STREET ADDRESS	%3225 S. PORT ROYALE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33081	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERRON, JANE	
STREET ADDRESS	%3225 S. PORT ROYALE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33081	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Marietta Glazer	
13 STREET ADDRESS	5601 Holatee Trail	
14 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
21 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Michael Dansky, CPA	
23 STREET ADDRESS	6311 Gauntiet Hall Lane	
24 CITY-ST-ZIP	Davie, Fl. 33331	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	1010 SW 46th Ave. # 212	
44 CITY-ST-ZIP	Pompano Beach, Fl. 33069-0904	
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Founding Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **1/24/96** DAYTIME PHONE #: **954 963-9499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Egitto, President