

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 # N95000003531 (9)

1. Corporation Name

THE GOLD COAST CHAPTER OF NATIONAL ASSOCIATION OF
F ALCOHOLISM AND DRUG ABUSE COUNSELORS, INC.



Principal Place of Business
2117 HOLLYWOOD BLVD.
SUITE 305
HOLLYWOOD FL 33020

Mailing Address
2117 HOLLYWOOD BLVD.
SUITE 305
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number
592563792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REDLICH, DALE P
9100 NW 49TH PL
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name Lynda Spreitzer
82 Street Address (P.O. Box Number is Not Acceptable)
710 NW 92 AVE
83
84 City Pembroke Pines FL 85 Zip Code 33024

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

Lynda J. Spreitzer

(If the Registered Agent's signature is required when filing, attach it here)

DATE

5/1/96

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|------------------|-----------------------------------|--------------------|---------------------------------|
| D | SUGGS, JOHN | C/O 2117 HOLLYWOOD BLVD SUITE 305 | HOLLYWOOD FL 33020 | <input type="checkbox"/> |
| D | DUQUE, LINDA | C/O 217 HOLLYWOOD BLVD SUITE 305 | HOLLYWOOD FL 33020 | <input type="checkbox"/> |
| D | SPREITZER, LYNDA | C/O 2117 HOLLYWOOD BLVD SUITE 305 | HOLLYWOOD FL 33020 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---------|-------------------|--------------------|---|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Lynda J. Spreitzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/96

Daytime Phone #

(954) 987-8812

CR2E037 (12/95)