

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22603 (7)**  
1. Corporation Name  
**COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIONS, INC. (FLORIDA)**



Principal Place of Business: **6708 NW 71 ST 7103 NW 68 AVE TAMARAC FL 33321 US**  
Mailing Address: **6708 NW 71 ST 7103 NW 68 AVE TAMARAC FL 33321 US**

3. Date Incorporated or Qualified: **09/18/1987**  
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business: **21 7103 NW 68 AVE.**  
2a. Mailing Address: **26 7103 NW 68 AVE**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28 TAMARAC, FL**  
24. Zip: **33321** 25. Country: **U.S.** 29. Zip: **33321** 30. Country: **U.S.**

4. FEI Number: **NOT APPLICABLE**  
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: **FEHLING, HENRY J  
6708 NW 71 ST  
TAMARAC FL 33321**  
10. Name and Address of New Registered Agent:  
81 Name: **HENRY J. FEHLING**  
82 Street Address (P.O. Box Number is Not Acceptable): **7103 NW 68 AVE**  
83 **TAMARAC**  
84 City: **FL** 85 Zip Code: **33321**

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: *Henry J. Fehling* (NOTE: Registered Agent signature required when reinstating) DATE: **1/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISER, LOUIS</b>	1.2 NAME	
STREET ADDRESS	<b>919 HILLCREST DR #703</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVER, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>345 W. MADISON STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESSINA, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>10340 SW 53 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRITZ, GENEVIEVE</b>	4.2 NAME	
STREET ADDRESS	<b>3001 ROLLING HILLS CIR W B1-408</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEHLING, HENRY</b>	5.2 NAME	<b>TREASURER - DIRECTOR</b>
STREET ADDRESS	<b>6708 N.W. 71 STREET</b>	5.3 STREET ADDRESS	<b>FEHLING HENRY</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	<b>7103 NW 68 AVE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>TAMARAC FL</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Henry J. Fehling* HENRY S. FEHLING 1/18/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)