

# 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 # N11746 (7)**

1. Corporation Name

**FLORIDA SPEAKERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**901 NORTHPOINT PKWY #102  
23  
WEST PALM BEACH FL 33407**

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23  
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified  
**09/26/1985**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**74-2422638**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHISMARK, GEORGE E., JR.  
901 NORTHPOINT PARKWAY  
SUITE 102  
WEST PALM BEACH FL 33407**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD-** ☒ DELETE  
NAME **BARBER, JIM**  
STREET ADDRESS **1101 NW 78 AVE**  
CITY - ST - ZIP **PLANTATION FL**

11 TITLE **VPD** ☐ Change ☒ Addition  
12 NAME **Gage, Randy**  
13 STREET ADDRESS **1680 Michigan Avenue, #1036**  
14 CITY - ST - ZIP **Miami Beach, FL**

TITLE **VPD** ☐ DELETE  
NAME **ALPERT, ARLENE**  
STREET ADDRESS **900 S US HWY ONE, #205**  
CITY - ST - ZIP **JUPITER FL**

21 TITLE **PD** ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE **VPD** ☐ DELETE  
NAME **KAPLAN, STEVE**  
STREET ADDRESS **6851 YUMHUR ST #2**  
CITY - ST - ZIP **CORAL GABLES FL**

31 TITLE **VPD** ☐ Change ☒ Addition  
32 NAME **Hansen, Mark**  
33 STREET ADDRESS **8158 Mizner Lane**  
34 CITY - ST - ZIP **Boca Raton, FL**

TITLE **VPD** ☒ DELETE  
NAME **MOUZE, PAMELA**  
STREET ADDRESS **326 ISLE OF CAPRI DR**  
CITY - ST - ZIP **FT LAUDERDALE FL**

41 TITLE **VPD** ☐ Change ☒ Addition  
42 NAME **Sedacca, Rosalind**  
43 STREET ADDRESS **2003 20th Lane**  
44 CITY - ST - ZIP **Lake Worth, FL**

TITLE **SD** ☒ DELETE  
NAME **D'AMIGO, GARMEN**  
STREET ADDRESS **411 NE 16 ST**  
CITY - ST - ZIP **FT LAUDERDALE FL**

51 TITLE **SD** ☐ Change ☒ Addition  
52 NAME **Jimenez, Lisa**  
53 STREET ADDRESS **8852 NW 56th Street**  
54 CITY - ST - ZIP **Coral Springs, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)