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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713840

1. Corporation Name

THE FOREVER APRIL ASSOCIATION INC.

Principal Place of Business
**1333 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009**

Mailing Address
**1333 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1499174	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

**MEISINGER, HELEN L.
1333 E. HALLANDALE BCH, BLVD
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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	SD	1.1 TITLE	
NAME	KENYON, ALICE	1.2 NAME	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	MEISINGER, HELEN	2.2 NAME	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	IORELLO, JOSEPH	3.2 NAME	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KOWNACHI, JANET	4.2 NAME	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	BEISS, LUDWIG	5.2 NAME	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

HELEN L. MEISINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6, 1999
Date

(954) 450-5834
Daytime Phone #

CR2E037 (11/98)