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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90038 038 \*\*\*\*61.25

DOCUMENT # N11432

1. Corporation Name

THE POMPANO AREA CHAMBER POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business

2200 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062  
US

Mailing Address

%DOUGLAS EVERETT  
2200 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062  
US

117255-90038-38



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/03/1985

4. FEI Number

59-1740659

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

9. Name and Address of Current Registered Agent

EVERETT, DOUGLAS  
2200 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062

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

TITLE VCD  
NAME CORRELL, GARY  
STREET ADDRESS 3417 N.E. 31ST AVENUE  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE CD  
NAME TRIVIGNO, MARSHA  
STREET ADDRESS 1001 N.E. 3RD AVENUE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE TD  
NAME EVERETT, DOUGLAS  
STREET ADDRESS 2200 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR  
1.2 NAME DANIEL YAFFE  
1.3 STREET ADDRESS 1575 S. FEDERAL HIGHWAY  
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE DIRECTOR  
2.2 NAME FRANK FURMAN, JR.  
2.3 STREET ADDRESS 1314 E ATLANTIC BLVD.  
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33060

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)