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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90146 010 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 702479**

1. Corporat on Name

**NORTH BROWARD CHAMBER OF COMMERCE, INC.**

Principal Place of Business

1055 NW 45TH AVE  
COCONUT CREEK FL 33066  
US

Mailing Address

1055 NW 45TH AVE  
COCONUT CREEK FL 33066  
US



2. Principal Place of Business

21 **3154 NW 72 AVE**

Suite, Apt. #, etc.

22 City & State

23 **Margate FL**

Zip

24 **33063**

Country

25 **U.S.**

2a. Mailing Address

26 **PO Box 935081**

Suite, Apt. #, etc.

27 City & State

28 **Margate FL**

Zip

29 **33093**

Country

30 **U.S.**

3. Date Incorporated or Qualified

**05/25/1961**

4. FEI Number

**59-0913287**

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

**DESSERT KATHLEEN**

**1055 NW 45TH AVE**

**COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name

**KATHLEEN DESSERT**

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

**3154 NW 72 AVE**

83

84 City

**Margate**

**FL**

85 Zip Code

**33063**

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 **C** ☐ DELETE

NAME **RON GREENSTEIN**

STREET ADDRESS **1500 NW 49TH ST #402**

CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **P** ☐ DELETE

NAME **DESSERT, KATHLEEN**

STREET ADDRESS **1350 N. STATE ROAD 7**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ DELETE

NAME **MIKE FROST**

STREET ADDRESS **825 NW 31ST AVE**

CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **ST** ☐ DELETE

NAME **TIEMAN, PETER**

STREET ADDRESS **6361 NW 16TH STREET**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ DELETE

NAME **WOODS, JIM**

STREET ADDRESS **5476 W. SAMPLE ROAD**

CITY-ST-ZIP **MARGATE FL 33073**

TITLE **VC** ☐ DELETE

NAME **SCOTT GARING**

STREET ADDRESS **5183 NW 15TH ST**

CITY-ST-ZIP **MARGATE FL 33063**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: **KATHLEEN DESSERT** 4/22/99 954-972-0918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)