

# 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 # 737764 (1)**  
1. Corporation Name  
**LAUDERDALE DEBUTANTE PRESENTATION COMMITTEE, INC**



Principal Place of Business  
**C/O WILLIAM A. WEBB  
2735 NE 10 ST  
POMPANO BEACH FL 33062  
US**

Mailing Address  
**2735 NE 10TH ST  
POMPANO BCH FL 33062  
US**

3. Date Incorporated or Qualified  
**01/07/1977**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**59-1738901**

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

2. Principal Place of Business  
**21 2824 NE 25th Court**  
Suite, Apt. #, etc.  
**22 C/O James C. Ramsey**

2a. Mailing Address  
**26 2824 NE 25th Court**  
Suite, Apt. #, etc.  
**27 Ft Lauderdale, FL**

City & State  
**23 Ft Lauderdale, FL**

City & State  
**28 Ft Lauderdale, FL**

Zip  
**24 33305**

Country  
**25 USA**

Zip  
**29 33305**

Country  
**30 USA**

## 9. Name and Address of Current Registered Agent

**WEBB, WILLIAM A  
2735 NE 10TH ST  
POMPANO BCH FL 33062**

## 10. Name and Address of New Registered Agent

81 Name  
**James C. Ramsey**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2824 NE 25th Court**

83 City  
**Fort Lauderdale**

84 State  
**FL**

85 Zip  
**33305**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

**James C. Ramsey Treas. 4-25-96**

## 12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DREYFUS, RONALD**

STREET ADDRESS **2765 NE 33 CT**

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

TITLE **T** ☐ DELETE

NAME **WEBB, WILLIAM A**

STREET ADDRESS **2735 NE 10TH ST**

CITY-ST-ZIP **POMPANO BCH FL**

TITLE **D** ☐ DELETE

NAME **RAMSEY, JAMES C**

STREET ADDRESS **2824 NE 25TH CT**

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

TITLE **D** ☐ DELETE

NAME **BENSON, ERIC**

STREET ADDRESS **2609 NE 26TH AVE**

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

TITLE **D** ☐ DELETE

NAME **HOLLOWELL, SAM**

STREET ADDRESS **2748 NE 27TH CT**

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

TITLE **D** ☐ DELETE

NAME **BRUNT, BRUCE**

STREET ADDRESS **8699 SW 51 PLACE**

CITY-ST-ZIP **COOPER CITY FL**

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

**400001850924**

**-06/04/96--01162--041**

**\*\*\*61.25**

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

**James C. Ramsey 4-25-96**

Date

Daytime Phone #

**954-565-9642**

CR2E037 (12/95)