## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 737764**

1. Corporation Name

#### LAUDERDALE DEBUTANTE PRESENTATION COMMITTEE, INC

Principal Place of Business 8699 SW 51 PLACE C.O BRUCE A. BRUNT COOPER CITY FL 33328

Mailing Address

8699 SW 51 PLACE COOPER CITY FL 33328

# **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90024 050 \*\*\*\*61.25

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		3			<ol><li>Date Incorpor</li></ol>	atad or Ovalifod				
<del></del> '	lace of Business	2a. Mailing Address	708 Au	,,	01/07/197				,	
<u> </u>	SW 70th Ave	26 /890 SW / Suite, Apt. #, etc.	10m /4v	-	4. FEI Number	·	**	Anr	lied For	
Suite, Apt. 1		27 % J. D. G	FARIS		59-173890	1		<u> </u>	Applicable	
City & State	e	City & State			5. Certifcate of S	Status Desired		\$8.75 A		
	tation tc	28 Plantation	<u> </u>	-	<del> </del>	<u> </u>	<del></del>		·	
Zip Country Zip Co 24 33317 [25] Brownerd [29] 33317 [30] [1				ard	6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
<u> </u>	9. Name and Address of Current		1.00		10. Name and A	ddress of New	Registered	Agent		
			81 Nar	me						
POVINT PDI ICE				Chart Address (D.O. Boy Number is Not Assestable)						
BRUNT, BRUCE 8699 SW 51 PLACE				82 Street Address (P.O. Box Number is Not Acceptable)						
	CITY FL 33328		83		_					
COUPER	CIT FE 33320					<u> </u>		Tan 1 77: 0		
			84 City	y			FL	85 Zip C	oge	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.	the above-nam	ned corpor	ation submits this	statement for the	purpose of	changing its	egistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	orized by the ci	orporation	's board of director	s. I hereby acce	pt the appoi	ntment as reg	istered	
	,						•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signat	ture required w			DATE	D DIDEOEO	50 IN 40	
12.	OFFICERS AND		13.			HANGES TO OF				
TITLE	T	☐ DELETE	1.1 TITLE	12	T, D	500.		Change	☐ Addition	
NAME	ENNIS, JERALD D		1.2 NAME	24	INIS, JC	TRACA				
STREET ADDRESS	1890 SW 70 AVE		1.3 STREET ADDRE	ess /8'	90 5W	70m Hue				
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	PI	TD Je 90 SW 1 antation	FC 3	3317	<u> </u>		
TITLE	D	☐ DELETE	2.1 TITLE				•	Change	Addition	
NAME	HOLLOWELL, SUZANNE		2.2 NAME							
STREET ADDRESS			2.3 STREET ADOR!	ESS				-	•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		2.4 CITY-ST-ZIP						- <del>1. /</del>	
TITLE	D	DELETE	3.1 TITLE	TD.				☐ Change	Addition	
NAME	RAMSEY, JAMES C	, ,	3.2 NAME	Jec	raldine E	ニレシック				
STREET ADDRESS			3.3 STREET ADDR		Gra Sw 7	OM Ave	-			
UNICE ADDICES	LOLT ITE CONTO		3.3 STREET ADDR	'ESS I I 🗷	)^\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
CATA ST AND	ET LAUDERDALE EL									
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE	3.4. CITY-ST-ZIP		artation,			Change	Addition	
TITLE	D	☐ DELETE	3.4. CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME	D GUNDLACH, WILLIAM	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	D(				Change	Addition	
TITLE NAME STREET ADDRESS	D GUNDLACH, WILLIAM 1349 MIDDLE RIVER DR	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADOR	D(				Change	Addition	
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indicated on this ariner report or supplemental annual report is true and accurate and that my signature shall have the same regardences in made under out, that I am an officer or director of the corporation or the receiver or trustee empowered are 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: