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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 739944

1. Corporation Name

LUPUS FOUNDATION OF AMERICA SOUTHEAST FLORIDA CHAPTER, INC.

Principal Place of Business

6501 N FEDERAL HWY.
STE. 5
BOCA RATON FL 33487
US

Mailing Address

6501 N. FEDERAL HWY.
STE. 5
BOCA RATON FL 33487
US



2. Principal Place of Business

21 75 NE 6th Ave

2a. Mailing Address

26 75 NE 6th Ave

Suite, Apt. #, etc.

22 105

Suite, Apt. #, etc.

27 105

City & State

23 Delray Beach FL

City & State

28 Delray Beach FL

Zip

24 33483

Country

25 US

Zip

29 33483

Country

30 US

3. Date Incorporated or Qualified

08/18/1977

4. FEI Number

59-1752601

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

HALPSERN, PAUL
6501 N. FEDERAL HWY
#5
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

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

75 NE 6th Ave

83 Suite 105

84 City

Delray Beach

FL

85 Zip Code

33483

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 617.0603, Florida Statutes.

SIGNATURE

Paul Halpsern

Signature, typed or printed name of registered agent and title if applicable.

Paul Halpsern Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BRIGHT, J. R.
STREET ADDRESS 700 SEASAGE DR.
CITY-ST-ZIP DELRAY BCH. FL

TITLE ☐ DELETE

NAME VD
GAZIE, LINDA
STREET ADDRESS 2611 SW 15TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME SD
NOLLE, RANDY E
STREET ADDRESS 9771 DAFFODIL LANE
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE

NAME TD
WEISS, ROBERT
STREET ADDRESS 3386 CHRUCH HILL RD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME VD
BRIGHT, ANNE
STREET ADDRESS 900 EAST ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul Halpsern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 (561) 279-8606

Date

Daytime Phone #

CR2E037 (1/98)