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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90039 019 \*\*\*\*61.25

0055740

DOCUMENT # 746611

1. Corporation Name

NATIONAL MARRIAGE ENCOUNTER OF FLORIDA, INC.

Principal Place of Business

5400 BATES ST  
SEMINOLE FL 34642  
US

Mailing Address

5400 BATES ST  
SEMINOLE FL 34642  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/04/1979

4. FEI Number

59-2104799

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

SOUSA, LARRY  
5400 BATES ST  
SEMINOLE FL 34642

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 PD  
NAME MASI, BILL  
STREET ADDRESS 4000 25 AVENUE N  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE VPD  
NAME MASI, DONNA  
STREET ADDRESS 4000 25 AVE N  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE TRD  
NAME CLARK, LEO  
STREET ADDRESS 8279 134ST ST. N.  
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE SD  
NAME CLARK, BRENDA  
STREET ADDRESS 8279 134ST ST. N.  
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE PD  
NAME SOUSA, LARRY  
STREET ADDRESS 5400 BATES STREET  
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE VPD  
NAME SOUSA, SUSAN  
STREET ADDRESS 5400 BATES STREET  
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/99

Date

727 3913322

Daytime Phone #

CR2E037 (11/98)