

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766605 (0)

1. Corporation Name

THE SOUTH FLORIDA ENTERTAINMENT WRITERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

P.O. BOX 14211
FORT LAUDERDALE FL 33302

P.O. BOX 14211
FORT LAUDERDALE FL 33302-4211



3. Date Incorporated or Qualified 01/20/1983	3a. Date of Last Report 11/01/1996
4. FEI Number 59-2324045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORA, MICHAEL H
2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VON MAURER, BILL
STREET ADDRESS 7133 BAY DR, #306
CITY-ST-ZIP MIAMI BCH FL ☒ DELETE

1.1 TITLE SD
1.2 NAME Price, Al
1.3 STREET ADDRESS "S" 883 Flanders Dr.
1.4 CITY-ST-ZIP Delray Beach, FL 33484 ☐ Change ☒ Addition

TITLE D
NAME ZINK, JOHN (JACK) C
STREET ADDRESS 7381 SW 16TH ST
CITY-ST-ZIP PLANTATION FL ☐ DELETE

2.1 TITLE VD
2.2 NAME Christine Doleh
2.3 STREET ADDRESS 9153 Green Brier Ct.
2.4 CITY-ST-ZIP DAVIE, FL 33328 ☐ Change ☒ Addition

TITLE VCD
NAME GINGOLD, EUGENIA
STREET ADDRESS 3801 S OCEAN DR, PH #N
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

3.1 TITLE PD
3.2 NAME Gingold, Eugenia
3.3 STREET ADDRESS 3801 S. Ocean Dr, PH#N
3.4 CITY-ST-ZIP Hollywood, FL 33014 ☒ Change ☐ Addition

TITLE SD
NAME BAUMOEL, LOIS
STREET ADDRESS 2860 S OCEAN BLVD
CITY-ST-ZIP PALM BCH FL ☒ DELETE

4.1 TITLE D
4.2 NAME Matt Schudel
4.3 STREET ADDRESS 2732 NE 15th St. #3
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33304 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE

John C. Zink

4-18-97 954.351-4706

CR2E037 (9/96)