


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

01/20/1983

4. FEI Number

58-2324045

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

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 617.1506, 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	<input type="checkbox"/> DELETE
NAME	CD PRICE, AL
STREET ADDRESS	*S* 883 FLANDERS DR.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD DOLEN, CHRISTINE
STREET ADDRESS	9153 GREEN BRIER CT.
CITY-ST-ZIP	DAVE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD GINGOLD, EUGENIA
STREET ADDRESS	3801 S. OCEAN DR., PH #N
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SCHUDEL, MATT
STREET ADDRESS	27029 NE 15TH ST. #3
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/D Sheffield, Norman L., Jr.
3.3 STREET ADDRESS	1067 NW 3rd Ave.
3.4 CITY-ST-ZIP	Boca Raton, FL 33432
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D John C. Zink
4.3 STREET ADDRESS	7381 SW 16th St.
4.4 CITY-ST-ZIP	Plantation, FL 33317
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

John C. Zink **JOHN C. ZINK**

4-26-98

954-356-4706

CR2E037 (10/97)