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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F98000005637

1. Corporation Name

AMERICAN BRIDGE TEACHERS' ASSOCIATION INC.

Principal Place of Business

14840 CRYSTAL COVE CT #503
 FT MYERS FL 33919-7417

Mailing Address

14840 CRYSTAL COVE CT #503
 FT MYERS FL 33919-7417



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/09/1998

23 City & State

27 City & State

4. FEI Number
 23-7270878

Applied For
 Not Applicable

24 Zip Country

29 Zip Country

5. Certificate of Status Desired
 6. Election Campaign Financing Trust Fund Contribution

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRINGTON, PAT
 14840 CRYSTAL COVE CT #503
 FT MYERS FL 33919-7417

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 P DELETE
 NAME SPIEGEL, GEORGE
 STREET ADDRESS 3400 S. OCEAN BLVD #2011
 CITY-ST-ZIP PALM BEACH FL 33480-5612

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE V DELETE
 NAME GENTINO, EDWARD
 STREET ADDRESS 14 COTTWELL DR
 CITY-ST-ZIP WETHERS FIELD CT 06109-3009

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ST. DELETE
 NAME HARRINGTON, PAT
 STREET ADDRESS 14840 CRYSTAL COVE CT #503
 CITY-ST-ZIP FT MYERS FL 33919-7417

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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: *Pat Harrington*

2-15-99

941-437-4106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)