

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02507 (4)
1. Corporation Name
GREATER FORT LAUDERDALE CHAPTER F.M.P.T.A., INC.

Principal Place of Business Mailing Address
**1300 N.W. 31ST AVE.
P.O. BOX 9
FT LAUDERDALE FL 33311-5000** **3601 N 41 CT.
HOLLYWOOD FL 33021**

2. Principal Place of Business 2a. Mailing Address
21 **3601 NORTH 41ST COURT** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Hollywood, Florida** 28
Zip Country Zip Country
24 **33021-1944** 25 **U.S.A.** 29 **33021-1944** 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **04/12/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2312437** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VENA, EDMUND C
3601 N 41ST CT
HOLLYWOOD FL 33021**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VENA, EDMUND C
STREET ADDRESS	3601 N 41ST CT
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	EVD
NAME	WELLS, SYLVIA
STREET ADDRESS	1600 SE 15TH STREET, #204
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	WELLS, SYLVIA
STREET ADDRESS	1600 SE 15 ST #204
CITY - ST - ZIP	FT LAUDERDALE FL 33316
TITLE	SD
NAME	COPLIN, KRIS
STREET ADDRESS	5168 N 6TH AVE #416
CITY - ST - ZIP	OAKLAND PARK FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sylvia Wells **SYLVIA WELLS** 4-4-95 **305-879-5344**
Date Daytime Phone #