

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT



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

1996 5-196 B-6358 C

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



Principal Place of Business Mailing Address  
**3601 N 41 CT HOLLYWOOD FL 33021 US** **3601 N 41 CT. HOLLYWOOD FL 33021 US**

3. Date Incorporated or Qualified **04/12/1984** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **11 Fort Royal Isle** 26 **P. O. Box 24513**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Ft Lauderdale, FL 33308** 27 **Ft Lauderdale, FL**  
City & State City & State  
23 **33308** 28  
Zip Country Zip Country  
24 **33308** 25 **US** 29 **33302** 30 **U.S.A.**

4. FEI Number **59-2312437** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**VENA, EDMUND C** 81 Name **Michael E. Zealy, Sr.**  
**3601 N 41ST CT** 82 Street Address (P.O. Box Number is Not Acceptable) **11 Ft Royal Isle**  
**HOLLYWOOD FL 33021** 83  
84 City **Ft Lauderdale** 85 Zip Code **FL 33308**

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.  
**Michael E. Zealy, Sr.**

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VENA, EDMUND C ZEALY, MICHAEL E. SR</b>	1.2 NAME	<b>REARDON, ED</b>
STREET ADDRESS	<b>3601 N 41ST CT 11 Ft Royal Isle</b>	1.3 STREET ADDRESS	<b>6600 S.W. Nova Drive</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL Ft Lauderdale 33308</b>	1.4 CITY-ST-ZIP	<b>Davie, FL 33317</b>
TITLE	<b>EVD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELLS, SYLVIA FOGAN, CHERYL</b>	2.2 NAME	<b>SPAGNARDI, ORAZIO</b>
STREET ADDRESS	<b>1600 SE 15TH STREET, #204- 1931 Ocean Drive</b>	2.3 STREET ADDRESS	<b>1984 S.E. 15 Court</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	2.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<b>T D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELLS, SYLVIA RYBINSKI, KAREN</b>	3.2 NAME	<b>WELLS-CULLINS, SYLVIA</b>
STREET ADDRESS	<b>1600 SE 15 ST #204- 4824 N.W. 96 Terr</b>	3.3 STREET ADDRESS	<b>1600 S.E. 15 Street, #204</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316 33351</b>	3.4 CITY-ST-ZIP	<b>Ft Lauderdale, FL 33316</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COPLIN, KRIS BASSION, BLANCA</b>	4.2 NAME	<b>WENTWORTH, ELIZABETH</b>
STREET ADDRESS	<b>5188 N 6TH AVE #416- 4637 N.W. 41 Court</b>	4.3 STREET ADDRESS	<b>200 East Las Olas Blvd, Suite 1850</b>
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334 - Coral Sprg, 33065</b>	4.4 CITY-ST-ZIP	<b>Ft Lauderdale, FL 33301</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, DOUGLAS</b>	5.2 NAME	
STREET ADDRESS	<b>2001 West Sample Road</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Pompano Beach, FL 33064</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERT, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>102 N.E. 1nd St, Suite 308</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	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 19.07(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Michael E. Zealy, Sr.**  
Date **5/1/96** Daytime Phone # **954-568-6697**

CR2E037 (12/95)