

# 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 # NO2507 (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

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

22 Ft Lauderdale, FL 33308

27 Ft Lauderdale, FL

23 33308

28

24 33308

25 US

29 33302

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VENA, EDMUND C  
3601 N 41ST CT  
HOLLYWOOD FL 33021

81 Name

Michael E. Zealy, Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

11 Ft Royal Isle

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.

SIGNATURE

Michael E. Zealy, Sr.

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	PD	<input type="checkbox"/> DELETE
NAME	VENA, EDMUND C ZEALY, MICHAEL E. SR	
STREET ADDRESS	3601 N 41ST CT 11 Ft Royal Isle	
CITY - ST - ZIP	HOLLYWOOD FL Ft Lauderdale 33308	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WELLS, SYLVIA FOGAN, CHERYL	
STREET ADDRESS	1600 SE 15TH STREET, #204 1931 Ocean Drive	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	
TITLE	T D	<input type="checkbox"/> DELETE
NAME	WELLS, SYLVIA RYBINSKI, KAREN	
STREET ADDRESS	1600 SE 15 ST #204 4824 N.W. 96 Terr	
CITY - ST - ZIP	FT LAUDERDALE FL 33316 33351	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COPLEN, KRIS BASSION, BLANCA	
STREET ADDRESS	5188 N 6TH AVE #416 4637 N.W. 41 Courtt	
CITY - ST - ZIP	OAKLAND PARK FL 33334 - Coral Sprg, 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DOUGLAS	
STREET ADDRESS	2001 West Sample Road	
CITY - ST - ZIP	Pompano Beach, FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMBERT, MICHAEL	
STREET ADDRESS	102 N.E. 1nd St, Suite 308	
CITY - ST - ZIP	Boca Raton, FL 33432	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REARDON, ED	
1.3 STREET ADDRESS	6600 S.W. Nova Drive	
1.4 CITY - ST - ZIP	Davie, FL 33317	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SPAGNARDI, ORAZIO	
2.3 STREET ADDRESS	1984 S.E. 15 Court	
2.4 CITY - ST - ZIP	Pompano Beach, FL 33062	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WELLS-CULLINS, SYLVIA	
3.3 STREET ADDRESS	1600 S.E. 15 Street, #204	
3.4 CITY - ST - ZIP	Ft Lauderdale, FL 33316	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WENTWORTH, ELIZABETH	
4.3 STREET ADDRESS	200 East Las Olas Blvd, Suite 1850	
4.4 CITY - ST - ZIP	Ft Lauderdale, FL 33301	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Zealy, Sr.

Date

Daytime Phone #

5/1/96 954-568-6697

CR2E037 (12/95)