

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