


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 13 1998 8:00am<sup>3</sup>  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02507 (4)**  
 1. Corporation Name  
**GREATER FORT LAUDERDALE CHAPTER F.M.P.T.A., INC.**



Principal Place of Business 11 FORT ROYAL ISLE FT LAUDERDALE FL 33308 US	Mailing Address P.O. BOX 14513 FT LAUDERDALE FL 33302 US
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3. Date Incorporated or Qualified <b>04/12/1984</b>		
4. FEI Number <b>59-2312437</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>807 WARREN AVE</b>	2a. Mailing Address 26 <b>P.O. BOX 22207</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State 23 <b>COCOA FL</b>	City & State 28 <b>LAKE BUENA VISTA, FL</b>		
Zip 24 <b>32922</b>	Country 25 <b>USA</b>	Zip 29 <b>32830</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**MICHAEL E. ZEALY SR**  
**11 FT ROYAL ISLE**  
**FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
 81 Name **JOHN C. CUMMINGS SR.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**15838 THOROUGHMBRED LANE**  
 83  
 84 City **MONTVERDE FL** 85 Zip Code **34756**

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 **John C. Cummings** (NOTE: Registered Agent Signature required when reinstating) DATE **9/27/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAYNES, LSESLEY</b>
STREET ADDRESS	<b>3950 NW 7TH PL</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>EVD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>QUAGLIA, ROCCO</b>
STREET ADDRESS	<b>3471 N FEDERAL HWY #603</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RYBINSKI, KAREN</b>
STREET ADDRESS	<b>4824 NW 98TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILKINSON, KIN</b>
STREET ADDRESS	<b>524 NE 21 CT</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WENTWORTH, ELIZABETH</b>
STREET ADDRESS	<b>200 E LAS OLAS BLVD #1850</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARKS, DAVID</b>
STREET ADDRESS	<b>2576 SE 9TH ST</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOHN C. CUMMINGS SR</b>
1.3 STREET ADDRESS	<b>15838 THOROUGHMBRED LANE</b>
1.4 CITY-ST-ZIP	<b>MONTVERDE, FL. 34756</b>
2.1 TITLE	<b>EVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jerry ALAN</b>
2.3 STREET ADDRESS	<b>1206 AUTUMN</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL 33613</b>
3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Carole A Ferrill</b>
3.3 STREET ADDRESS	<b>807 WARREN AVE</b>
3.4 CITY-ST-ZIP	<b>COCOA FL 32922</b>
4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DALE JOHNSON</b>
4.3 STREET ADDRESS	<b>392 LAKEVIEW Terr.</b>
4.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HELEN B. ESTES</b>
5.3 STREET ADDRESS	<b>3804 CARDINAL CIR</b>
5.4 CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DIANA JOHNSON</b>
6.3 STREET ADDRESS	<b>920 FAIRWAY DR</b>
6.4 CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>

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.

SIGNATURE: **Carole A Ferrill** Date: **9/27/98** Phone: **407-632-7488**

CF-2E037 (5/98)

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