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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02507

1. Corporation Name

GREATER FORT LAUDERDALE CHAPTER F.M.P.T.A., INC.

Principal Place of Business

807 WARREN AVE
COCOA FL 32922
US

Mailing Address

P.O. BOX 22207
LAKE BUENA VISTA FL 32830
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 392 LAKEVIEW TERR

Suite, Apt. #, etc.

28 City & State

Palm Harbor FL

Zip

34683

Country

30 US

3. Date Incorporated or Qualified

04/12/1984

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

9. Name and Address of Current Registered Agent

CUMMINGS, JOHN C SR
15838 THOROUGHbred LANE
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

81 Name

JOHNSON, DALE

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

392 LAKEVIEW TERR

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME CUMMINGS, JOHN C SR
STREET ADDRESS 15838 THOROUGHbred LANE
CITY-ST-ZIP MONTVERDE FL 34756

TITLE EV ☐ DELETE

NAME ALAN, JERRY
STREET ADDRESS 1206 AUTUMN
CITY-ST-ZIP TAMPA FL 33613

TITLE V ☐ DELETE

NAME FERRILL, CAROLE A
STREET ADDRESS 807 WARREN AVE
CITY-ST-ZIP COCOA FL 32922

TITLE T ☐ DELETE

NAME JOHNSON, DALE
STREET ADDRESS 392 LAKEVIEW TERR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ DELETE

NAME ESTES, HELEN
STREET ADDRESS 3804 CARDINAL CIR
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE

NAME JOHNSON, DIANA
STREET ADDRESS 920 FAIRWAY DR
CITY-ST-ZIP WINTER PARK FL 32792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME SOLDINGER, CRAIG
1.3 STREET ADDRESS 422 NETHERWOOD CRESCENT
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

727-787-1464

Daytime Phone #

CR2E037 (1/98)

0018305