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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26 392 LAKEVIEW TERR	3. Date Incorporated or Qualified 04/12/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2312437
City & State 23	City & State Palm Harbor FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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]* DATE: **4/19/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME CUMMINGS, JOHN C SR	
STREET ADDRESS 15838 THOROUGHbred LANE	
CITY-ST-ZIP MONTVERDE FL 34756	
TITLE EV	<input type="checkbox"/> DELETE
NAME ALAN, JERRY	
STREET ADDRESS 1206 AUTUMN	
CITY-ST-ZIP TAMPA FL 33613	
TITLE V	<input type="checkbox"/> DELETE
NAME FERRILL, CAROLE A	
STREET ADDRESS 807 WARREN AVE	
CITY-ST-ZIP COCOA FL 32922	
TITLE T	<input type="checkbox"/> DELETE
NAME JOHNSON, DALE	
STREET ADDRESS 392 LAKEVIEW TERR	
CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE D	<input type="checkbox"/> DELETE
NAME ESTES, HELEN	
STREET ADDRESS 3804 CARDINAL CIR	
CITY-ST-ZIP BONITA SPRINGS FL 34134	
TITLE D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME SOLDINGER, CRAIG	
1.3 STREET ADDRESS 422 NETHERWOOD CRESCENT	
1.4 CITY-ST-ZIP ALAMONTE SPRINGS FL 32714	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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]* DATE: **4/19/99** DAYTIME PHONE #: **727-787-1464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)