

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010018

1. Entity Name
SOUTH FLORIDA MERCHANTS ASSOCIATION, INC.



Principal Place of Business
404 W ATLANTIC AVE
DELRAY BEACH, FL 33444

Mailing Address
404 W ATLANTIC AVE
DELRAY BEACH, FL 33444



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1105723

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WIDEMAN, CLAYTON
404 W ATLANTIC AVE
DELRAY BEACH, FL 33444

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIDEMAN, CLAYTON
STREET ADDRESS	404 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	CARTER, FRANCES
STREET ADDRESS	301 SW 12TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	FULTON, DAISY
STREET ADDRESS	107 NW 5TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	WIDEMAN, HYACINTH
STREET ADDRESS	225 NE 21 STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SMITH, CAMELITA
STREET ADDRESS	404 W ATLANTIC AVE 2ND FLOOR
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000725245
05/03/07-80014-016 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clayton Wideman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07
Date

Daytime Phone #