

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90017 001 \*\*\*\*78.75

**60043350**



05122008 Chg-NP CR2E037 (12/06)

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**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**5/11/08** **561-276-4415**  
Date Daytime Phone #

ATTACHMENT

1000 43350

FLORIDA DEPARTMENT OF STATE  
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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** N03000010018

**Business Entity Name** SOUTH FLORIDA MERCHANTS ASSOCIATION, INC.

**Original File Date** 11/18/2003

**FEI Number** 20-1105723

**Principal Address** 404 W ATLANTIC AVE  
DELRAY BEACH, FL 33444

**Mailing Address** 404 W ATLANTIC AVE  
DELRAY BEACH, FL 33444

**Registered Agent** CLAYTON WIDEMAN  
404 W ATLANTIC AVE  
DELRAY BEACH, FL 33444

### Officer/Director Name And Address

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

D  
FRANCES CARTER  
301 SW 12TH AVE  
DELRAY BEACH, FL 33444

D  
DAISY FULTON  
107 NW 5TH AVE  
DELRAY BEACH, FL 33444

D  
HYACINTH WIDEMAN  
225 NE 21 STREET  
BOCA RATON, FL 33431

D  
CAMELITA SMITH  
404 W ATLANTIC AVE 2ND FLOOR  
DELRAY BEACH, FL 33444

If all of the above  
information is correct and  
you do not wish to make

If you need to make  
changes to the above  
information, please

# ATTACHMENT

60043350

# JV03 006010018

any changes, please  
select:

No Changes

select:

Make Changes

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