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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:19

DOCUMENT # N03690 (7)

1. Corporation Name

PLANTATION, FLORIDA CHAPTER OF SPEBSQSA, INC.

Principal Place of Business	Mailing Address
8107 NW 27TH ST. SUITE 2 CORAL SPGS. FL 33065 US	8107 NW 27TH ST. SUITE 2 CORAL SPGS. FL 33065 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1984
3a. Date of Last Report: 01/27/1994
4. FEI Number: 36-3399681 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FAMILANT, STANLEY G.
8107 NW 27TH ST.
SUITE 2
CORAL SPGS. FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition PD
NAME	WILLIAMS, FRED	1.2 NAME	TINNEY, ART
STREET ADDRESS	5892 ARECA PALM CT.	1.3 STREET ADDRESS	7121 N.W. 5TH STREET
CITY-ST-ZIP	DELRAY BCH. FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	MD	2.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, ED	2.2 NAME	
STREET ADDRESS	920 SW 74TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FAMILANT, STANLEY G.	3.2 NAME	
STREET ADDRESS	8107 NW 27TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS. FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	OBER, DICK	4.2 NAME	
STREET ADDRESS	1940 NW 24TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HIMMELMAN, DON	5.2 NAME	
STREET ADDRESS	2550 S.W. 14TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition D
NAME	VANDEMARK, JOHN	6.2 NAME	WILLIAMS, FRED
STREET ADDRESS	2200 S. SEASREST BLVD.	6.3 STREET ADDRESS	5892 ARECA PALM CT.
CITY-ST-ZIP	BOYNTON BCH. FL	6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stanley G. Familant JAN. 30, 1995 (305) 753-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STANLEY G. FAMILANT TREASURER

0006280