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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90112 037 ****61.25

DOCUMENT # N07930

1. Corporation Name

SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.

Principal Place of Business

PO BOX 70143
FORT LAUDERDALE FL 33307
US

Mailing Address

PO BOX 70143
FORT LAUDERDALE FL 33307
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/04/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2575665

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICLARI, JOSEPH D.
4599 NW FIFTH AVENUE
BOCA RATON FL 33431

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME ANANAYO, SHIRLENE

STREET ADDRESS 539 37TH STREET

CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☐ DELETE

NAME GOODMAN, JUDI

STREET ADDRESS 7670 SW 152 AVENUE #106

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME WARNMUTH, CYNTHIA

STREET ADDRESS 3242 ARTHUR TERR

CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VD ☐ DELETE

NAME PEREZ, CARLOS JR

STREET ADDRESS 534 SEVILLA AVE

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD ☐ DELETE

NAME BARKER, PETER

STREET ADDRESS 9260 KETAY CIR.

CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE

NAME HERZ, MELANIE

STREET ADDRESS 1245 PALM BAY ROAD APT S-204

CITY-ST-ZIP PALM BAY FL

1.1 TITLE SD

1.2 NAME Wilson, William

1.3 STREET ADDRESS 3242 Arthur Ter

1.4 CITY-ST-ZIP Hollywood, FL 33021-5018

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33193-1131

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

33428-1512

6.1 TITLE

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: Cynthia Warmuth REQUIRED Cynthia Warmuth

1-16-99

954-983-0749

CR2E037 (11/98)