## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

THE POMPANO AREA CHAMBER POLITICAL ACTION COMMIT

## **FILED** Feb 03 1998 8:00am Secretary of State

TEE, INC.																
Principal Plac	e of Busines	Mailing Address						- -								
2200 E. ATLANT POMPANO BEA US		2 P	%Douglas everett 2200 E. Atlantic Blvd. Pompano Beach Fl 33062 US						3. Date Incorporated 10/03/1985 4. FEI Number	-			<del></del>	lied For		
9 Orinainal D	<del></del> ,	a fallar	- Addrona					59-1740659	3			•	Applicable			
2. Principal P	lace of Busif	1ess			2a. Mailing Address						5. Certificate of Statu	ıs Desired			<b>75</b> Ad e Req	fditional uired
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						6. Election Campaign	_		\$5.0	00 м	ау Ве	
22 City & State			27	27   City & State						Trust Fund Contrib				ed to I		
23	Ę	21	28						7. Is this nonprofit corporation a homeowners association?							
Zip	ip Country				Zip Cou			Country			8. This corporation o	wes or has pa	ld the cur	rent yea	ır Intai	ngible
24					29 30					Personal Property Tax due June 30.  10. Name and Address of New Registered A			Yes			
	9. Name	and A	ddress of Curr	ent Reg	istered Age	ent		81	La		10. Name and Addre	ss of New Re	gistered .	Agent		
								81	N.	ame						
l	i, dougla Atlantic I					82	St	reet Addres	t Address (P.O. Box Number is Not Acceptable)							
1	IO BEACH						83			******						
							84 City					FI	85	Zip Co	ode	
11 Burguest	to the provin	000 06	Costions 617 0	E02 and	617 1500 0	Slovido Statu	too tho	obov		mod corno	ration cultonita this state	mont for the n	A 7440	t obonoi	na ita	registered
office or r	egistered ag m familiar wi	ent, or	both, in the Sta	te of Fic	orida, Such o	thange was	authoria orida S	above zed by tatutes	y the	e corporation	ration submits this state n's board of directors. I	hereby accep	it the app	ointmen	t as re	gistered
SIGNATURE	***************************************	B 17 CAT 10	accopt the con	2000010	01, 000001	511.000,0,11	01100	iaiaio.	٠.							
	Signature, typed	or printe	d name of registered a			(NOT			ent sig	nature required	when reinstating)		DATE			
12.			OFFICERS A	ND DIR		-	13				ADDITIONS/CHANG	SES TO OFFIC	ERS AND			
TITLE	VCD				Ļ	_ DELETE		TITLE						☐ Char	ıge	Addition
NAME	CORRELL, GARY							NAME								
STREET ADDRESS	3417 N.E. 31ST AVENUE							1.3 STREET ADDRESS								
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064				- President			1.4 CITY - ST - ZIP 2.1 TITLE						☐ Chan		Addition
TITLE	CD		DOLLA		L	T nerete								LI GHAI	ige	Addition
NAME	TRIVIGNO, MARSHA				<b>4</b>			2.2 NAME								İ
STREET ADDRESS	1001 N.E. 3RD AVENUE POMPANO BEACH FL							2.3 STREET ADDRESS								
CITY-ST-ZIP TITLE		U BE	AUTI FL					2. 4 CITY-\$T-ZIP 3.1 TITLE						☐ Chan	200	Addition
NAME	td Everett	. הטו	ICI AC		3.1							•			iñe	Addition
STREET ADDRESS			NTIC BLVD.						ADDE	occe						
City-St-Zip	POMPAN							3.3 STREET ADDRESS 3.4. CITY-ST-ZIP								
TITLE	1 01111 7 111	<u> </u>	//OIIIL			DELETE	_	TITLE	J Z.	<u> </u>				Chan	nge	Addition
NAME							4.2	NAME								
STREET ADDRESS							4.3	STREET	ADDF	RESS						
CITY-ST-ZIP							4.4	CITY-S	T-21P	,						
TITLE						DELETE	5.1	TITLE						☐ Chan	iĝe	Addition
NAME							5.2	NAME								
STREET ADDRESS							5.3	STREET	ADDF	RESS						
CITY-ST-ZIP							5.4	CITY-S	T-ZIP							
TITLE						DELETE	6.1	TITLE						Chan	ge	Addition
NAME							6.2	NAME								
STREET ADDRESS							6.3	STREET	ADDF	RESS						İ
CITY-ST-ZIP								CITY-S								
14. I hereby o	ertify that the	e inforr	nation supplied	with this	s filing does	not qualify to	or the e	xemp	tion	stated in Se	ection 119.07(3)(i), Flori	da Statutes. I :	urther ce	rtify that	the in	formation

Indicated on this annual report or supplied with this hing does not quality for the exemption stated it section 119.0/(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 chapped, or on an attachment with an address.