

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90038 038 ****61.25

DOCUMENT # N11432

1. Corporation Name

THE POMPANO AREA CHAMBER POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business

2200 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062
US

Mailing Address

%DOUGLAS EVERETT
2200 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062
US

117255-90038-38



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/03/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1740659

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERETT, DOUGLAS
2200 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

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 VCD
NAME CORRELL, GARY
STREET ADDRESS 3417 N.E. 31ST AVENUE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DIRECTOR
DANIEL YAFFE
1575 S. FEDERAL HIGHWAY
BOCA RATON, FL 33432

TITLE CD
NAME TRIVIGNO, MARSHA
STREET ADDRESS 1001 N.E. 3RD AVENUE
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DIRECTOR
FRANK FURMAN, JR.
1314 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060

TITLE TD
NAME EVERETT, DOUGLAS
STREET ADDRESS 2200 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)