

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 23, 1999 8:00 am
Secretary of State

02-23-1999 90019 027 ****61.25

0036134

DOCUMENT # N16777

1. Corporation Name

**BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INC
OPRPORATED**

Principal Place of Business

% CARL L MAYHUE
P.O. BOX 2427
FT. LAUDERDALE FL 33301
US

Mailing Address

625 N.E. 4TH ST
FT. LAUDERDALE FL 33303
US



2. Principal Place of Business

21 625 N.E. 4th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/12/1986

4. FEI Number

59-2723155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

23 Ft. Lauderdale, FL

City & State

Zip

Country

24 33301

Country

25 U.S.A.

29

Country

30

9. Name and Address of Current Registered Agent

MAYHUE, CARL L
625 NE 4TH ST
FT. LAUDERDALE FL 33301

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 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

TITLE ☐ DELETE

NAME
DAT
MAYHUE, CARL L.
STREET ADDRESS
625 NE 4TH STREET
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
DVP
DUKE, DAVIS W JR
STREET ADDRESS
1700 E LAS OLAS BLVD #PH-1
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
DT
BANKS, WALTER
STREET ADDRESS
1700 S. OCEAN LANE
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
DS
NOLAN, ANTHONY A.
STREET ADDRESS
2321 WILTON DRIVE
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl L. Mayhue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL L. MAYHUE Chairman

01/07/99

Date

(954) 764-6363

Daytime Phone #

CR2E037 (11/98)