FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P.O. BOX 14516

N19066 DOCUMENT #

(2)

P.O. BOX 14516

THE GREATER FORT LAUDERDALE CHAMBER FOUNDATION,

INC. Principal Place of Business Mailing Address 512 NE THIRD AVENUE (33301) 512 NE THIRD AVENUE (33301)



F	T. LAUDERDALE FL 333	302-1516	FT. LAUDERDA	FT. LAUDERDALE FL 33302-1516							
					3 . Date		3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 05/01/1995			
2. Principal Place of Business			2a. Mailing Addr	2a. Mailing Address			4. FEI Number		Applied For		
21	<u> </u>		26				65-0003331		Not Applicable		
22	Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State		City & State	— ·			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
24	Zip	Country 25	Zip 29	30 Coi	intry		This corporation has liability for In Florida Statutes	tangible ta			
9. Name and Address of Current Registered Agent HASKEW, LES 512 NE 3 AVE						10. Name and Address of New Registered Agent					
						81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33301					83						
4.			NEOD 047 4500 51 44		84	City		FL	85 Zip Code		

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 tittle if applicable (NOTE: Registered Agent; signature required when reinstalling) DATE											
12.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 12						
TITLE	VCD	☐ DELETE	1.1 TITLE	CD	Change Addition						
NAME	CASSADY, JAMES		1 2 NAME		7						
STREET ADDRESS	512 NE 3RD AVE		1.3 STREET ADDRESS								
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP								
TITLE	CD	DELETE	2 1 TITLE	Þ	☐ Change 🔀 Addition						
NAME	MOSS, STEPHEN	•	2 2 NAME	ME ABOR LAR	8+B						
STREET ADDRESS	512 NW 3RD AVENUE		2.3 STREET ADDRESS	200 EAST DO	BOB GLORAD BLVD # 1500						
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		2 4 CITY - ST - ZIP	FORT LANDONS	sale fl 38301						
TITLE	PD	DELETE	3.1 TITLE	.	Change Addition						
NAME	Haskew, Les		3.2 NAME	Sen wanke H	MARY						
STREET ADDRESS	512 NE 3RD AVE		3.3 STREET ADDRESS	2780 5467	DAKEND PHAK BUD.						
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. CITY - ST - ZIP	FIFE-LA.							
TITLE		∑ 0€LETE	4 1 TITLE	P	_ Change ☐ Addition						
NAME	Arenson, gary		4 2 NAME	echoenke, t	DAKLIND PHILBUD						
STREET ADDRESS	512 NE 3RD AVE		4.3 STREET ADDRESS	2780 EAST	DAKLIND THAIL BUD						
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	FT. LAVOUNDA	tue, FL 33306						
TITLE	A	DELETE	5 1 TITLE		Change Addition						
NAME	Pennewill, Elizabeth	•	5.2 NAME								
STREET ADDRESS	512 NE 3RD AVE		5 3 STREET ADDRESS								
CITY-ST-ZIP	FORT LAUDERDALE FL		5.4 CITY - ST - ZIP								
TITLE	D	D D L L E T E	6 1 TITLE		☐ Change ☐ Addition						
NAME	INGALLS, NANCY	- -	6.2 NAME								
STREET ADDRESS	512 NE 3RD AVE		6.3 STREET ADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL	A	6 4 CHY-ST-ZIP								

I do hereby certify that the information supplied with this ling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report by 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 by 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR