

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19066** (2)

1. Corporation Name

THE GREATER FORT LAUDERDALE CHAMBER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**512 NE THIRD AVENUE (33301)
P.O. BOX 14516
FT. LAUDERDALE FL 33302-1516**

**512 NE THIRD AVENUE (33301)
P.O. BOX 14516
FT. LAUDERDALE FL 33302-4516**



2. Principal Place of Business	2a. Mailing Address
21 512 NE Third Avenue Suite, Apt. #, etc.	26 512 NE Third Avenue Suite, Apt. #, etc.
22 City & State	27 City & State
23 Fort Lauderdale, FL	28 Fort Lauderdale, FL
24 33301 Zip 25 USA Country	29 33301 Zip 30 USA Country

3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 04/11/1996
4. FEI Number 65-0003331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HASKEW, LES 512 NE 3 AVE. FT. LAUDERDALE FL 33301	

10. Name and Address of New Registered Agent	
81 Name Henry H. Fox	
82 Street Address (P.O. Box Number is Not Acceptable) 100 NE 3rd Ave	
83 Suite 400	
84 City Fort Lauderdale	85 Zip Code 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSADY, JAMES	12 NAME	Henry "Bucky" Fox
STREET ADDRESS	512 NE 3RD AVE	13 STREET ADDRESS	100 NE Third Avenue, #400
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTENBERGER, BOB	22 NAME	Donald Bowen
STREET ADDRESS	200 E BROWARD BLVD, #1500	23 STREET ADDRESS	11 NW 36th Avenue
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKEW, LES	32 NAME	Judith Kreitzer
STREET ADDRESS	512 NE 3RD AVE	33 STREET ADDRESS	1 E. Broward Blvd., #1800
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWNKE, HARRY	4.2 NAME	Lee Turner
STREET ADDRESS	2780 EAST OAKLAND PARK BLVD	4.3 STREET ADDRESS	501 E. Las Olas Blvd.
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____

CP2E037 (9/96)