

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22603 (7)
1. Corporation Name
COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIONS, INC. (FLORIDA)



Principal Place of Business
**6708 NW 71 ST 7103 NW 68 AVE
TAMARAC FL 33321
US**

Mailing Address
**6708 NW 71 ST 7103 NW 68 AVE
TAMARAC FL 33321
US**

3. Date Incorporated or Qualified
09/18/1987

3a. Date of Last Report
02/07/1995

4. FEI Number
NOT APPLICABLE

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **7103 NW 68 AVE.**
Suite, Apt. #, etc.
22 **-**

2a. Mailing Address
26 **7103 NW 68 AVE**
Suite, Apt. #, etc.
27 **-**

City & State
23 **TAMARAC FL**
28 **TAMARAC, FL**

Zip
24 **33321**
Country **U.S.**
25 **U.S.**
29 **33321**
30 **U.S.**

9. Name and Address of Current Registered Agent

**FEHLING, HENRY J
6708 NW 71 ST
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **HENRY J. FEHLING**

82 Street Address (P.O. Box Number is Not Acceptable)
7103 NW 68 AVE

83 **TAMARAC**

84 City **FL** 85 Zip Code **33321**

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 **Henry J. Fehling**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEISER, LOUIS	
STREET ADDRESS	919 HILLCREST DR #703	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARVER, BOB	
STREET ADDRESS	345 W. MADISON STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MESSINA, WILLIAM	
STREET ADDRESS	10340 SW 53 ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	FRITZ, GENEVIEVE	
STREET ADDRESS	3001 ROLLING HILLS CIR W B1-408	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEHLING, HENRY	
STREET ADDRESS	6708 NW 71 STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER - DIRECTOR
5.3 STREET ADDRESS	FEHLING HENRY
5.4 CITY-ST-ZIP	7103 NW 68 AVE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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:

Henry J. Fehling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY S. FEHLING

1/18/96
Date Daytime Phone #

CR2E037 (12/95)